

UNIVERSITY OF SOUTH FLORIDA

Department of

Government and International Affairs
Political Science Program

REQUEST TO SCHEDULE THE THESIS DEFENSE

Instructions: The completed form must be submitted to the Graduate Program Coordinator at least two weeks to the expected date of Thesis Defense.

Name of Student _____ Date _____

Requested Date for Thesis Defense _____

Requested Time for Thesis Defense _____

Equipment, if any needed _____

Student's Signature _____

Title of Thesis _____

Name/Signature of Committee Members:

(Major Advisor) _____
(Print Name) (Signature)

(Member) _____
(Print Name) (Signature)

(Member) _____
(Print Name) (Signature)

Have you distributed an electronic copy of your Thesis to all the members of your committee?
___Yes ___No

Remember! Submit a final electronic copy of your Thesis to Graduate Studies.

DO NOT WRITE BELOW THIS LINE

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DATE OF THESIS DEFENSE _____

Committee Members

Signature

Oral Defense
Decision

Comments _____

Final Decision _____ Date _____

Dr. Bernd Reiter
Director of Graduate Studies