Thesis / Dissertation Defense Announcement and Scheduling Form

JACK N. AVERITT COLLEGE of GRADUATE STUDIES
GEORGIA SOUTHERN UNIVERSITY

Completed form must be received in the College of Graduate Studies at least three (3) weeks prior to defense or public seminar date to ensure campus notifications

Student Name: _____ _____ _____
Last First MI

Eagle ID: 900 - __ - ____

Part 1. Originator Only

Choose one of the following:

☐ Thesis Defense ☐ Dissertation Defense ☐ Public Seminar Only

Thesis/Dissertation Title:

Type as it will appear on your Title Page. DO NOT USE ALL CAPS.

_____

_____

Event Location: Building: _____ Room #: _____

Date: _____ Time: _____

Form Completed By: _____ _____ _____ _____
Last First MI Date

Major Professor Name: : _____ _____ _____
Last First MI

Please forward to Department Chair as e-mail attachment

Part 2. Department Chair Only

I authorize scheduling:

_____ _____
Signature Date

Please forward to College Associate Dean as e-mail attachment

Part 3. College Associate Dean Only

Thesis/Dissertation/Seminar location and time listed above is: ☐ Confirmed ☐ Not Confirmed

**if not confirmed, return to originator for rescheduling location*

_____ _____
Signature Date

If confirmed, please forward to College of Graduate Studies as e-mail attachment

Part 4. College of Graduate Studies

Defense/Seminar Announcement posted to COGS Web Page:

_____ _____
Initials Date

Defense/Seminar announcement forwarded to marketing and publishing for posting on MyGeorgiasouthern news:

_____ _____
Initials Date

Processed by: _____

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Revised 2010