



**Notification of Thesis / Dissertation Defense**

I hereby notify my intention to defend the  thesis  dissertation entitle:

\_\_\_\_\_

\_\_\_\_\_

The defense has been scheduled for \_\_\_\_\_  
 (Hour, Month, Day, Year)

at the following location \_\_\_\_\_  
 (Building, Room Number)

The student must be registered for the semester in which the defense takes place.

I certify that I have properly disclosed all intellectual property (e.g. patentable inventions or copyrightable work) to the Graduate Program in Biomedical Sciences Office.

I certify that I have completed all other requirements for the MS PhD degree.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Name Type or Print (Last, First Middle)

\_\_\_\_\_  
 Degree Program (PhD/MS/MA)

\_\_\_\_\_  
 Research Interest

\_\_\_\_\_  
 Student ID number

**Advisory Committee Endorsement:**

1. Chair \_\_\_\_\_  
 Type or print name                      Department                      Date (M/D/Y)                      Signature

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Graduate Program in Biomedical Sciences Approval:

\_\_\_\_\_Approved \_\_\_\_\_Approved with Condition(s) \_\_\_\_\_Disapproved

Conditions/Reason(s) for disapproval:

Graduate Program in Biomedical Sciences Representative (Assigned by the Graduate Program)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Graduate Program Administrator or  
Associate Dean for Research and Graduate Studies

\_\_\_\_\_  
Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy:       Student  
              Office of the Registrar  
              Advisory Committee Members