



# Event Scheduling Form

Use this form to schedule:

☐ **Area Exam**

☐ **Dissertation Defense**

Please complete and return to the Graduate Studies Office at least 7 days prior to scheduled event. Signatures are required.  
Remember to provide your committee with a copy of the paper at least 7 days prior to the exam date.

**NAME**

\_\_\_\_\_

*last*

*first*

**Date**

\_\_\_\_\_

\_\_\_\_\_

*home address*

*office phone*

\_\_\_\_\_

*home phone*

**PROSPECTUS TITLE:**

\_\_\_\_\_

*(Please print clearly)*

**DATE & TIME:**

\_\_\_\_\_

**LOCATION:**

\_\_\_\_\_

*(Please book room with appropriate personnel.)*

**Committee Members:**

Name

Dept

Signature

\_\_\_\_\_

*(Chair/Advisor)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:**