



### Notification of Thesis/Dissertation Defense

Student Name/ID: \_\_\_\_\_ SU E-mail Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Semester/Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Dept./Program: \_\_\_\_\_

Thesis/Dissertation Title: \_\_\_\_\_

Thesis/Dissertation Advisor: \_\_\_\_\_

Abstract: \_\_\_\_\_

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Defense Date: \_\_\_\_\_

Defense Time: \_\_\_\_\_

Defense Location: \_\_\_\_\_

URL for virtual option: \_\_\_\_\_

(if applicable)

Open/closed defense \_\_\_\_\_

Consult with your committee chair to determine whether a closed defense is permitted within your program.

This form should be submitted at least two weeks in advance of your defense date. The Graduate School will add the defense to the official university calendar. If your defense does not proceed as scheduled, please notify The Graduate School as far in advance as possible.

Submit this form via email attachment to [gradschool@ship.edu](mailto:gradschool@ship.edu)