**IMP DEFENSE NOTIFICATION FORM**

This form **MUST** be completed and signed by the IMP Director and DGS **two weeks before the defense date**.

**Student's Name**: __________________________________________________________

**Advisor's Name**: ___________________________ **Defense Date and Time**: _________

**Defense Title**:
________________________________________________________________________

________________________________________________________________________

**Attach a list of papers published and/or accepted**:

**List the title of two data chapters in Dissertation in addition to the Intro and Discussion**:
________________________________________________________________________
________________________________________________________________________

**Dissertation Committee**:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Date Candidacy Application filed**: (Must be filed before your fifth year) __________

**Date Application for Degree filed**: (Must be filed the semester you intend to defend) _______

________________________________________________________________________

**Director of Graduate Studies Signature**  **Date**  **Director’s Signature**  **Date**

*Return to Program Administrator, 1462 Clifton Building, Suite 300A or email.*