



## 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