Defense Notice Form:
Master’s and Doctoral Students

Please note:
- Your main advisor must sign the form when a firm defense date, time, and location are determined by student and committee.
- Please turn one copy of this form in to the Graduate School, either by bringing the signed form to 235 Ashe Admin. Bldg. or by emailing the signed form to grad.defense@miami.edu.
- Defense notice information will be posted on the Graduate School Web site, grad.miami.edu, in the “Events” section.

To be completed by the student. Please type or print legibly.

Student’s Name _________________________________________________________________________________

Student’s C-Number ___________________________ UM EMPL ID___________________________________

Title of Thesis or Dissertation. Type or print legibly.
_____________________________________________________________________________________________
__________________________________________________________________________________________

Date of Defense _________________
(Month / Day / Year)

Time of Defense__________________

Location of Defense __________________________________________________________________________
(Building, Room Number, Campus)

To be completed by the Chair.
(Note: Medical School graduate students should insert Mentor’s name here.)

(Print name) __________________________________________________________ (Signature)