

**REQUEST TO SCHEDULE
the
DOCTOR OF ENGINEERING FIELD STUDY DEFENSE**

DATE SUBMITTED _____

NAME _____ LUID# _____

ADDRESS _____ TELEPHONE _____

DEPARTMENTAL AFFILIATION _____

FIELD STUDY DEFENSE

DATE REQUESTED: _____

TIME: _____

LOCATION: BUILDING _____

ROOM NO. _____

COMMITTEE CHAIR: _____

CO-CHAIR (If Applicable): _____

COMMITTEE

SIGNATURE/DATE

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

SCHEDULE ACKNOWLEDGED

DEPARTMENT CHAIR

DATE _____

DEAN, COLLEGE OF ENGINEERING

DATE _____

DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____