



# DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY

at the Graduate Theological Union

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## THESIS DEFENSE SCHEDULING FORM

DSPT MA students must complete this form before permission will be given to schedule a date for the thesis defense.

Please submit the completed form first to your Thesis Coordinator for approval, and then to the Academic Dean. Once processed, you will be sent confirmation as to the final date, time, and location.

**Student Name:** \_\_\_\_\_

**DSPT Program:** \_\_\_\_\_

**Defense Date:**

\_\_\_\_\_

First Choice

\_\_\_\_\_

Second Choice

**Defense Time:**

\_\_\_\_\_

First Choice

\_\_\_\_\_

Second Choice

**Defense Location:**

\_\_\_\_\_

First Choice

\_\_\_\_\_

Second Choice

**Thesis Coordinator:**

I verify that the above mentioned student is ready to defend and I approve the scheduling of the defense.

\_\_\_\_\_  
Signature of the Thesis Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Academic Dean

\_\_\_\_\_  
Date

*For Registrar's Office:*

Request Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Student Notified \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Coordinator Notified \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_