



DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY

at the Graduate Theological Union

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: _____

GTU ID: _____

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 _____/_____/_____