

School of Chemical & Biomolecular Engineering
MS Thesis Defense Notification

NAME _____

Thesis Title: _____

Brief Description:

1. Thesis Advisor:
Thesis Co-Advisor: (if any)

2. Committee Members (name and department)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Defense Date:

Room:

Time:



IMPORTANT

Please provide a forwarding address and phone number, together with the name of company or university at which you will be employed. (if known)

EMPLOYER: _____

FORWARDING ADDRESS _____

Street Name

City, State, Zip

Phone

E-mail address