Yale University

School of Engineering & Applied Science

Event Scheduling Form

Use this form to schedule: ◯ **Area Exam** ◉ **Dissertation Defense**

Please complete and return to the Graduate Studies Office at least 7 days prior to scheduled event. Signatures are required. Remember to provide your committee with a copy of the paper at least 7 days prior to the exam date.

NAME _____ **Date** _____

last ***first***

_____

home address ***office phone***

_____

home phone

PROSPECTUS/THESIS TITLE: _____

(Please print clearly)

DATE & TIME: _____

LOCATION: _____

(Please book room with appropriate personnel.)

Name Dept Signature

Committee Members:

_____

(Chair/Advisor)

_____

_____

_____

Comments: