

Announcement of Defense



Must be submitted at least 2 weeks prior to defense date with the Student Payroll End Date Form.

Student Name: _____

MS Thesis **PhD Dissertation** **Program:** _____

Title:

Defense Date: _____ **Time:** _____ **Location:** _____

Students are responsible for reserving the location.

To reserve the Seminar Room (SLAB 103), contact Sylka Perez Garcia at sperez@rsmas.miami.edu or (305) 421-4207.

To be completed by Committee Members.

I have read the above thesis/dissertation, and I approve it as substantially complete and ready for the oral defense scheduled above. In addition, I confirm that I will be present for the defense on the date indicated on this form. *(Under special circumstances, a committee member may be excused from attending the defense either in person or remotely, at the discretion of the Program Director).*

<i>I will be present at the defense:</i>		<i>In Person</i>	<i>Remote</i>	<i>Not Available</i>
Committee Chairperson Name	Approval (Email or Signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member Name	Approval (Email or Signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member Name	Approval (Email or Signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member Name	Approval (Email or Signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member Name	Approval (Email or Signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member Name	Approval (Email or Signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by Program Director.

Signature _____ Date _____

GSO Date Stamp Here