Colorado School of Mines – Department of Geophysics Oral Examination / Defense Request Form MASTER OF SCIENCE

- Student is responsible for submitting this form to the Department at least two-and-one-half weeks prior to the defense date.
- Student must submit manuscript to Committee and Department Head before submitting this form.
- Student must have all course and other programmatic requirements completed and documented with the Department.
- An approved Degree Audit must be on file with the Graduate School prior to any thesis defense.
- Student must be registered for course work or research credit at the time of the defense.

Student Name:			Date:
CWID:		Program: Geophysics	Geophysical Engineering
Approved Degree Audit or	n file with D	Department and Graduate School:	Yes
GPGN581 Individual Pres	entation Rec	quirement completed and on file in	the Department: Yes
I wish to schedule my defense as follows: Date:			Time:
Thesis/Project Title:			
participate in this student's c student has met all campus a	lefense as inc and Departme	ommittee members have been contact dicated above. They acknowledge that ent program requirements. They ackn n opportunity to review its readiness for	in the case of a thesis defense, the owledge having received a copy of
Print Name	Dept	Signature	Date
Advisor			
Co-Advisor		<u> </u>	-
Committee Member	_	-	
Committee Member	_		
Committee Member	_	-	
Committee Member			
Committee Member			
Committee Member	_		
Department Head			