



VANDERBILT
UNIVERSITY

REQUEST TO SCHEDULE FINAL DEFENSE

IMPORTANT: Prior to presentation of defense, this form should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and forwarded to the Graduate School, 411 Kirkland Hall.

TO: Associate Dean of the Graduate School

This is to inform you that

_____ (Student's Name)

_____ (Student's I.D. Number)

in **Pharmacology**
_____ (Department/Program)

with _____
_____ (Dissertation Advisor)

is scheduled to defend his/her dissertation

on _____
_____ (Date)

at _____
_____ (Time)

in/at _____
_____ (Location)

Title of Dissertation: _____

Members of the Committee

Please Type Name:

Department:

_____, **Chair** _____

_____, **Mentor** _____

_____, **ex officio** _____

Director of Graduate Studies: _____
Signature Date