## **MASTERS THESIS SCHEDULE**

Degree	Year	Name of Insti	Name of Institution	
Previous Degree:				
Time				
Date				
Location				
Defense Information:			Committee Members:	
Thesis Title:				
Date Submitted:				
Student Name:				
General Information:				

<sup>\*\*</sup> THIS FORM IS REQUIRED TO BE RETURNED TO THE MAIN CHEMISTRY OFFICE AT LEAST ONE WEEK PRIOR TO THE SCHEDULED THESIS DEFENSE.