## Thesis/Dissertation Defense Meeting Room Request Form

To request set up for a face-to-face *and/or* a Zoom meeting room for a thesis or dissertation final oral defense, please provide the information requested below. The committee members and candidate are the only attendees in the face-to-face meeting. Guest can be invited to participate in the session via Zoom. All Ph.D. face-to-face defense sessions will be held in the Graduate School building (Annex 3) unless otherwise requested and approved.

Incomplete forms will not be processed. When complete, send the form to <u>bgoodwin@howard.edu</u>. Please keep in mind that only thesis/dissertation oral defenses set up by the Graduate School are valid.

	ly. e oral defense. The extern	osed date. <b>Check one:</b> nal examiner can participate vor bringing the laptop, requesting		
Student Name & ID no				
Email Address				
Phone Number				
Degree Program (M.A., M.C.S., M.Eng., M.P.H., M.S., Ph.D.)				
Research Specialization	1 (Ph.D. candidates only	y)		
Title of Thesis/Dissertation				
What date/day(s) & time To ensure availability, ple and the committee must be	ral meeting (committee mation  e(s) are being requested ase indicate more than one in the Zoom meeting ro	dembers and candidate only).  def (Enter information in the date/time where all particip from for the entire duration of the time for a technology check decided.	ants would be available. The	
dot 1	Date. (IIIII/dd/yy)	(M, Tu, W, Th, F)		
1 <sup>st</sup> choice 2 <sup>nd</sup> choice				
3 <sup>rd</sup> choice				
Committee Information:  Committee Chairperson Thesis/Dissertation A Committee Member Committee Member Committee Member External Examiner Graduate School Ex Committee	dvisor	ress, phone number)		
Graduate School Ex C				