Office of Graduate Education - South Dakota School of Mines and Technology Submit to GradOffice@sdsmt.edu



Petition for Summer Defense Form

Dear Student: A summer defense can be a challenge and is an unnecessary expense if you should fail to meet the deadlines. This form is required to help you ensure the best possible chance for success. If you want to participate in spring commencement, this form must be submitted to the Graduate Office no later than the spring defense-scheduling deadline.

PART 1: To be completed by the studer	nt	
Print Student Name	Student ID	
	[] MS thesis defense [] PhD dissertation defense	
[] I will be able to give a complete quali	ty draft of the thesis/dissertation to my	major professor no later than June 1.
[] I plan to defend on (date)to attend a summer defense on this day a	and have verified and will be accessible for post-defense i	d that my committee is willing and available reviews and approvals.
[] I understand that if I fail to meet the committee to finish reviews, then I will b	5	
[] (Optional) I am requesting to walk in	Spring commencement prior to comp	leting the defense (MS students only).
Student Signature	Date	
PART 2: To be completed by the major	professor	
[] I have seen/reviewed major portions	of the thesis/dissertation and am confid	lent that it will be complete by June 1.
[] I am available on the defense date ind	dicated above.	
[] I will be accessible for several weeks a	after the defense to review revisions and	d approve the final draft.
M : D C : C'	(D: . M)	
Major Professor Signature	(Print Name)	Date
PART 3: To be completed by the studer	nt's graduate committee members	
Faculty members are not obligated to agr	_	
By signing this form, I indicate that I am for several weeks afterward to review review		the date specified above and be accessible
Graduate Representative Signature	(Print Name)	Date
Committee Member Signature	(Print Name)	Date
Committee Member Signature	(Print Name)	Date
Committee Member Signature	(Print Name)	Date
Committee Member Signature	(Print Name)	Date
Committee Member Signature	(Print Name)	Date
Dean of Graduate Education	(Print Name)	Date

Revised 8/2023 For Grad Office Use Only: Student ___is __is not approved to walk in spring commencement. (MS students only)