## Office of Graduate Education - South Dakota School of Mines and Technology Upload form in D2L



## Defense Approval and Scheduling Form

*Dear Student:* Select a date/time when your committee members can attend and reserve the room for your defense. (Your department/program secretary is a great resource for available room information.)

- Your defense may not be scheduled during the period between the defense deadline and the last day of finals.
- This form must be completed and received by the Office of Graduate Education NO LESS THAN FIVE WORKING DAYS before the scheduled time of the defense.
- Submit this form to D2L. Email your title and abstract to GradOffice@sdsmt.edu as soon as you submit this form.

Print Student Name		Student ID		
Program	l	] MS thesis defense	[ ] PhD d	issertation defense
Time (include am/pm) on				
	ay of week		Day	Year
Room	_of the			Building
Zoom link (if applicable)				
Do any of the following pertain to this thesis/dissert under ITAF or EAR; or (3) it is covered under an e please discuss with your major professor before ans	xisting prop	rietary or non-disclosure		-
If you answered Yes, the Office of Research Affairs below. A restricted defense is not announced to the in the library until the specified release date.		-		
Restricted Thesis/Dissertation Declaration (to be o	completed by	y the Office of Research	Affairs)	
This [ ] is [ ] is not a restricted thesis/disse	ertation.	Release date if restri	icted:	
Signature of designated official	(Print N			Date
I have reviewed this thesis/dissertation and verified quality and proper expression and usage in America to the student immediately following your review, so	ın Standard	English. (You are encour	raged to provi	de written comments
Major Professor Signature	(Print Name)	 )	Date	
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	

Graduate Office Use:

Revised 8/2023