

DEPARTMENT OF BIOMEDICAL SCIENCES
SCHOOL OF PUBLIC HEALTH

Thesis/Dissertation Seminar

(Must be submitted at least three weeks in advance of defense date)

TO: Department of Biomedical Sciences
FROM: _____
Student Name
RE: Seminar and Thesis/Dissertation Defense
DATE: _____

This memo is to inform you that I have scheduled my Thesis/Dissertation Seminar and Defense, as follows:

PLEASE TYPE ALL INFORMATION

Date: _____

Time: _____

Location: _____

Seminar Title: _____

APPROVALS: _____
Signature of Mentor Date

For Department use only:

Date Information Sent to Wadsworth Calendar of Events: _____

Information submitted by: _____