

**REQUEST TO SCHEDULE  
the  
DOCTOR OF ENGINEERING FIELD STUDY DEFENSE**

DATE SUBMITTED \_\_\_\_\_

NAME \_\_\_\_\_ LUID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DEPARTMENTAL AFFILIATION \_\_\_\_\_

FIELD STUDY DEFENSE

DATE REQUESTED: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: BUILDING \_\_\_\_\_

ROOM NO. \_\_\_\_\_

COMMITTEE CHAIR: \_\_\_\_\_

CO-CHAIR (If Applicable): \_\_\_\_\_

COMMITTEE

SIGNATURE/DATE

COMMITTEE MEMBER \_\_\_\_\_

COMMITTEE MEMBER \_\_\_\_\_

COMMITTEE MEMBER \_\_\_\_\_

COMMITTEE MEMBER \_\_\_\_\_

SCHEDULE ACKNOWLEDGED

\_\_\_\_\_  
DEPARTMENT CHAIR

DATE \_\_\_\_\_

\_\_\_\_\_  
DEAN, COLLEGE OF ENGINEERING

DATE \_\_\_\_\_

\_\_\_\_\_  
DEAN, COLLEGE OF GRADUATE STUDIES

DATE \_\_\_\_\_