



Graduate Studies

DEPARTMENT OF CINEMATIC ARTS

M.F.A. THESIS DEFENSE NOTICE

This notice must be submitted a minimum of two weeks prior to defense date with a copy of your thesis project.

Name: _____

Student ID#: _____

E-mail address: _____

Degree Defending: _____

Title of Thesis Project: _____

One-Line Description of Project: _____

Day: _____ Date: _____ Time: _____

Equipment Required: _____
(Computer, Projector, Phone, etc.)

Committee Chair: _____

Committee Chair please initial approval: _____

Defense location will be determined after submittal of this form and copy of thesis project.

**Please return this form to the Graduate Studies office
4025 Wolfson, 305-284-8702, tracey@miami.edu**