

Master Thesis Defense Presentation Scheduling Form

When you finalize with your committee the date and time of your presentation, please submit this form to your student coordinator (fax or email is acceptable). Once form is submitted, your student coordinator will assign you to a conference space at SPA and reserve any media equipment requested. At that time you will receive confirmation of arrangements via email. If you have any questions, please contact your student coordinator.

Fax to 303/315-2229

Email to:

(A-K)

dawn.savage@cudenver.edu

(L-Z)

antoinette.sandoval@cudenver.edu

Name: _____ Email: _____

Student ID#: _____

Phone: (d) _____ (e) _____

Committee: _____

Thesis Title: _____

Date and Time: _____

Technical Equipment Needed (check all that apply)

- Overhead Projector
- LCD Projector (used in conjunction with Lap top for power point presentations)
- TV/VCR
- Lap Top
- Will bring own Lap Top
- Phone Conference Capability (student must bring calling card for long distance calls)
- Other, please specify _____
- No Equipment Needed

Office use only

Space Reserved _____
Equipment Reserved _____
Information added to running doc _____
Student Emailed Confirmation _____

