

UNIVERSITY OF MARYLAND  
College  
Graduate Studies

**ORAL DEFENSE ANNOUNCEMENT**

*RETURN THIS FORM TO YOUR DEPARTMENT OFFICE PRIOR TO YOUR DEFENSE.  
PLEASE CHECK WITH YOUR DEPARTMENT FOR THEIR DEADLINE.*

**STUDENT NAME:** \_\_\_\_\_

**ADVISOR NAME:** \_\_\_\_\_

**TITLE OF DISSERTATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATE OF DEFENSE:** \_\_\_\_\_

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

**LOCATION OF DEFENSE:** \_\_\_\_\_