

DEPARTMENT OF CHEMICAL ENGINEERING

(To be completed by the student and returned to the Departmental Office in Room 158A Fenske)

SCHEDULING FINAL ORAL DISSERTATION DEFENSE

Name: _____

PSU ID No: _____

TITLE: _____

Time: _____

Date: _____

Place: _____

Committee Members

CHAIRPERSON: _____

Ch E Faculty: _____

Ch E Faculty: _____

(From Related area _____
please list Department)