



DREXEL UNIVERSITY

Graduate School of

**Biomedical Sciences  
and Professional Studies**

*College of Medicine*

***NOTIFICATION OF INTENT TO DEFEND***

**Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The defense of my thesis/dissertation will be held:** (If you need a room, please request within the DBS office)

**Date:** \_\_\_\_\_ **Room:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Title:** \_\_\_\_\_

The members of my Thesis/Dissertation Committee are listed below. I have attached the complete address of any members not affiliated with Drexel University.

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**\*Notice of Defense must be posted by your Department/Program at least two weeks before your defense date.**

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**Chairperson's Signature**