

Ph.D. Request for Dissertation Defense



Last Name

First Name, Middle Name

UID

Dissertation Title: _____

Proposed Date: _____ **Time:** _____ **Location:** _____

Committee members to serve

Dissertation Director: _____
Print Name

Committee Member: _____
Print Name

Committee Member: _____
Print Name

Committee Member: _____
Print Name

Committee Member: _____
Print Name

Committee Member: _____
Print Name

Committee Member: _____
Print Name

Signatures

Student: _____
Print Name Signature Date

Dissertation Director: _____
Print Name Signature Date

Program Director: _____
Print Name Signature Date

Department Chair: _____
Print Name Signature Date