



BROWN Graduate School *Forms*

Brown University
Box 1867
Providence, RI 02912
tel: 401 863-2600
fax: 401 863-7341
Graduate_School@brown.edu

DISSERTATION DEFENSE INFORMATION

STUDENT NAME: _____ SIS ID NUMBER: _____

DEPARTMENT: _____

PREVIOUS DEGREES

DEGREE _____ INSTITUTION _____ DATE AWARDED _____

DEGREE _____ INSTITUTION _____ DATE AWARDED _____

DEGREE _____ INSTITUTION _____ DATE AWARDED _____

DEFENSE DETAILS DATE _____ TIME _____
BUILDING _____ ROOM _____

EXACT TITLE OF DISSERTATION

COMMITTEE

DIRECTOR _____ DEPARTMENT _____

READER _____ DEPARTMENT _____

READER _____ DEPARTMENT _____

READER _____ DEPARTMENT _____

PRELIMINARY EXAMINATION

DATE PASSED _____

LANGUAGE REQUIREMENTS

_____ DATE PASSED _____

_____ DATE PASSED _____

_____ DATE PASSED _____

DEPARTMENTAL TEACHING REQUIREMENT

SATISFIED NOT REQUIRED

SUPERVISED RESEARCH REQUIREMENT

SATISFIED NOT REQUIRED

Director of Graduate Study

Date