

Application to Defend a Doctoral Dissertation

Today's Date:		
time for all of the required part notify the Doctoral Office of the	ticipants. At least two weeks prior	hedule the presentation at a feasible to the presentation, the student must form, and also submit a copy of the ce.
Student Name:	ID:	#:
Home Phone:	Office Phone	2:
Anticipated Place of Employme	nt (if known):	
Address of future employment:		
Major:		
Defense Date:	Time:	Room:
•	-	or the graduation date, if the defense ons and submit my final dissertation.
Student's Signature:		
The following professors are se	erving on my committee:	
Chair:	Signature:	*
Member:	Signature:	*
Member:	Signature:	*
Memher:	Signature:	*

* Signatures indicate that the members of the committee have read the dissertation and do not anticipate major revisions or problems. A signature also indicates an agreement to the above-mentioned date and time of the oral defense.