

REQUEST TO SCHEDULE DISSERTATION DEFENSE

Date _____

TO: Dean of the Graduate School

FROM: _____
Department Head (signature) Department

Name of Student T-Number

Email address _____ Phone number _____

The candidate has met all requirements for the degree except for the dissertation.

Chairman Committee _____
Name Signature

Members of Committee:
Graduate Faculty Name (Please Type or Print)

Name Signature

Name Signature

Name Signature

Name Signature

Title of Dissertation _____

Proposed Examination Date: _____

Semester: _____

Time: _____

Place: _____

Action of Graduate Dean:

Approved _____ Dean, The Graduate School