



Application for Dissertation Defense

Date: _____ Student ID: _____

Last Name: _____ First Name: _____

Advisor: _____ Department: _____

Term and Year of Admission: _____

I request permission to schedule my Ph.D. Dissertation Defense as follows:

- a) Proposal Defense was passed on _____ (date).
- b) Draft of Dissertation has been submitted to Advising Committee on _____ (date).
- c) Request to take Dissertation Defense Examination on _____ (date), _____ (time), _____ (location).
Candidate is responsible for scheduling the room with appropriate group.

Note: Exam (c) will be scheduled at least six (6) Months after Proposal Defense and at least thirty (30) days after submission of Dissertation (b).

Approvals:

Ph.D. Advisor

Date

Moderator (assigned by advisor)

Date