

DOCTORAL DISSERTATION DEFENSE APPROVAL FORM

Student: _____

Title: _____

I have agreed to meet with the committee for the oral defense of my dissertation on: _____

Student: _____ Date: _____

Submit to Dissertation Chair prior to start of defense meeting

Committee Action on Dissertation:

Approve with Modifications: _____ Not Approved/Rescheduled: _____ Deny: _____

Required Modifications:

Dissertation Advisor: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Submit to Graduate Program Secretary for final signatures

Area Leader: _____ Date _____

Graduate Program Director: _____ Date: _____