

## 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**

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### Committee Action on Dissertation:

Approve with Modifications:

Not Approved/Rescheduled:

Deny:

Required Modifications:

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Dissertation Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Member: \_\_\_\_\_

Date: \_\_\_\_\_

Member: \_\_\_\_\_

Date: \_\_\_\_\_

Member: \_\_\_\_\_

Date: \_\_\_\_\_

Member: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit to Department Services Administrator for final signatures**

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Area Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

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