



PhD Proposal Defense Request

This form is due AT LEAST two weeks prior to the date of the examination.

_____		_____
Name		Student ID
_____		_____
Degree/Program		Dissertation credits completed
_____	_____	_____
Date of Exam	Time of Exam	Room Number

Examination Committee:

Faculty Name	Program Affiliation
Chair:	

_____	_____
Advisor's Signature	Date
_____	_____
Grad Program Director's Signature	Date