Approval to Schedule Dissertation Defense
(Must Be Submitted No Later Than 2 Weeks Prior to Date of Defense)

TO: Director of Graduate Studies
FROM: _____ _____
(Student's Committee Chairperson) (Date)

ALL MEMBERS OF THE DISSERTATION COMMITTEE HAVE RECEIVED AND REVIEWED THE DISSERTATION. IT IS APPROVED FOR FINAL DEFENSE, AND THE DISSERTATION SHOULD REQUIRE NO MORE THAN MINOR REVISIONS FOR FULL APPROVAL.

Scheduling of final examination is requested below.

STUDENT'S NAME: _____ MARSHALL ID# **90**_____

DEGREE: **Ph.D.**

EXAMINATION DATE: _____

TIME: _____

PLACE/BLDG: _____

TITLE OF DISSERTATION:
_____

COMMITTEE: (List Chairperson first)

Typed/Printed Name	Signature of Agreement to the Above
_____	_____
Dissertation Chairperson	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Director of Graduate Studies	

Note: No examinations are to be given without all committee members present. (Contact the Graduate College Office for substitutions with the defense.)

Student must complete the application for graduation form and submit to the Graduate College office by the published deadline in the semester he/she is to graduate.

Once this form is completed and signed, please submit it to the Director of Graduate Studies.