



Scheduling of the Final Defense of the Dissertation Research

Student Name _____ Student ID _____

Student Phone Number _____ Student Email _____

This form certifies that the Dissertation Chair approves the scheduling of the Final Oral Defense as stated below and that the Dissertation Committee members listed below are available at the date and time noted on this form and have agreed upon my readiness for the Final Oral Defense.

Date of Final Oral Defense _____ Time _____

Location _____

Title of Dissertation

Dissertation Committee Members

Name of Dissertation Chair (Core Faculty Member)

Name of Dissertation Committee Member (Core or Affiliated Faculty Member)

Name of Dissertation Committee Member (Community Partner/Fellow)

Student Signature

Date

Dissertation Chair Signature

Date