## REQUEST TO SCHEDULE PhD. DISSERTATION DEFENSE

DATE SUBMITTED	
STUDENT NAME	LU ID
EMAIL ADDRESS	TELEPHONE
DEPARTMENTAL AFFILIATION	TELEPHONE
DISSERTATION DEFENSE MEETING DISSERTATION TITLE	
TIME	
LOCATION: BUILDING	ROOM NO
	ION ADVISORY COMMITTEE
COMMITTEE CHAIR:	
(Dissertation Advisor) NAME (Print	or Type) SIGNATURE
COMMITTEE MEMBER	
COMMITTEE MEMBER	
COMMITTEE MEMBER	
	LE ACKNOWLEDGED
	DATE
DEPARTMENT GRADUATE COORDINATOR	
	DATE
DEPARTMENT CHAIR	
	DATE
COLLEGE DEAN	
DEAN OF GRADUATE STUDIES	DATE
DEATH OF GRADUATE STUDIES	