REQUEST TO SCHEDULE PhD. DISSERTATION DEFENSE

DATE SUBMITTED ______________________
STUDENT NAME ________________________ LU ID ______________
EMAIL ADDRESS ______________________TelEPHONE ______________
DEPARTMENTAL AFFILIATION ______________________________

DISSERTATION DEFENSE MEETING

DISSERTATION TITLE

________________________________________

DATE REQUESTED_______________________
TIME ___________________________________
LOCATION: BUILDING_____________________ ROOM NO.______________

PhD. DISSERTATION ADVISORY COMMITTEE

COMMITTEE CHAIR: ____________________
(Dissertation Advisor) NAME (Print or Type) SIGNATURE

COMMITTEE MEMBER____________________

COMMITTEE MEMBER____________________

COMMITTEE MEMBER____________________

COMMITTEE MEMBER____________________

SCHEDULE ACKNOWLEDGED

DEPARTMENT GRADUATE COORDINATOR DATE ________________

DEPARTMENT CHAIR DATE ________________

COLLEGE DEAN DATE ________________

DEAN OF GRADUATE STUDIES DATE ________________