

NOTIFICATION OF DISSERTATION FINAL DEFENSE

This form is to be completed and submitted to the Graduate Student Success Office at least two weeks before the defense.
We will notify the Graduate School of your impending defense on your behalf.

STUDENT NAME _____ **DEFENSE DATE** _____

DEPARTMENT _____ **DEFENSE TIME** _____

CONCENTRATION _____ **DEFENSE LOCATION** _____

[] Ed.D. [] Ph.D

Title of Dissertation

If defense is virtual, please include your Zoom or MS Teams link in this space.

COMMITTEE MEMBERS

Please print or type names in spaces provided.

Dissertation Chair

Committee Member 1

Dissertation Co-Chair *If applicable*

Committee Member 2

Committee Member 3

Committee Member 4

Committee Member 5