

**DOCTORAL DISSERTATION**

**Defense Form**

Student Name:      Student ID Number:

Department:        Date of Defense:

I am a member of the above student’s Dissertation Committee, and have participated in the oral defense of the dissertation. (Check all boxes that apply) Approve Disapprove

Name

Signature Date

Name

Signature Date

Name

Signature Date

Name

Signature Date

The Dissertation Committee must be composed of at least three members, two of whom must be full-time members of the graduate faculty.

**This form may be filled out electronically but must be printed, signed and submitted to The Office of Graduate Studies. 2013 Roseman Hall**