

**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**