

## DISSERTATION DEFENSE FORM

STUDENT NAME: \_\_\_\_\_ SID: \_\_\_\_\_

DIRECTOR(S): \_\_\_\_\_

DISSERTATION TITLE: \_\_\_\_\_

\_\_\_\_\_

This form must be signed by the student and by all readers of the dissertation and returned to the DGS via the Graduate Registrar, HQ 215.

### COMMITTEE MEMBERS:

1. \_\_\_\_\_  
Name Signature

2. \_\_\_\_\_  
Name Signature

3. \_\_\_\_\_  
Name Signature

4. \_\_\_\_\_  
Name Signature

5. \_\_\_\_\_  
Name Signature

DISSERTATION DEFENSE DATE: \_\_\_\_\_