

DISSERTATION DEFENSE FORM

Student _____ SID _____

Director(s) _____

Title of Dissertation: _____

This form must be signed by the student and by all readers of the dissertation. It should be returned to the Director of Graduate Studies c/o the Graduate Registrar, HGS 236.

Student's Signature: _____ Date: _____

Members of the Dissertation Committee:

	<u>Name</u>	<u>Date</u>	<u>Comments</u>
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