

REQUEST FOR APPROVAL TO SCHEDULE DISSERTATION DEFENSE

*Marshall University
Graduate School of Education & Professional Development*

To: **Office of Doctoral Programs in Education**

Date: _____

The student's committee below has previously been approved. All members have received draft copies of the dissertation and the scheduling of the final defense is requested below.

No doctoral defenses are to be held without all committee members present.

STUDENT NAME: _____ **STUDENT ID #:** _____

EMAIL ADDRESS: _____

TITLE OF DISSERTATION:

DEFENSE DATE: _____ **TIME:** _____

PLACE/BUILDING: _____

COMMITTEE (Names Typed)

SIGNATURES OF AGREEMENT TO ABOVE

(Committee Chairperson)

(Doctoral Candidate)

Cynthia Kolsun, Coordinator

Teresa Eagle, Dean, GSEPD

*STUDENT MUST SUBMIT AN APPLICATION FOR GRADUATION AND DIPLOMA

*STUDENT MUST BE REGISTERED IN THE SEMESTER HE/SHE IS TO GRADUATE

*PUBLIC NOTIFICATION OF THE DEFENSE WILL BE DONE BY THE OFFICE OF DOCTORAL PROGRAMS

Information regarding electronic theses/dissertations, including required electronic submission approval form is available from the MU ETD website at <http://www.marshall.edu/etd>.