

Leadership Studies
REQUEST FOR APPROVAL TO SCHEDULE DISSERTATION DEFENSE

Marshall University
College 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 Student

Program Coordinator

Program Director

- * 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