



Expected date for dissertation defense: \_\_\_\_\_

Expected graduation date to complete degree: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dissertation Committee (minimum 5, including Advisor): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Chair: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 1/10/2017