

REQUEST TO SCHEDULE THE PhD. DISSERTATION PROPOSAL ORAL EXAM

DATE SUBMITTED _____
STUDENT NAME _____ LU ID _____
EMAIL ADDRESS _____ TELEPHONE _____
DEPARTMENTAL AFFILIATION _____

DISSERTATION PROPOSAL MEETING

TENTATIVE DISSERTATION TITLE

DATE REQUESTED _____
TIME _____
LOCATION: BUILDING _____ ROOM NO. _____

PhD. DISSERTATION ADVISORY COMMITTEE

COMMITTEE CHAIR: _____
(Dissertation Advisor) NAME (Print or Type) SIGNATURE

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

SCHEDULE ACKNOWLEDGED

DEPARTMENT GRADUATE COORDINATOR DATE _____

DEPARTMENT CHAIR DATE _____

COLLEGE DEAN DATE _____

DEAN OF GRADUATE STUDIES DATE _____

Instruction: Student must submit a copy of the dissertation proposal to Graduate Studies with this form