



Dissertation/Publication Defense Completion

Please complete this form and have it reviewed and signed by your Dissertation/Publication Committee and Program Director/Coordinator, for the purposes of formally declaring a successful passing of a Dissertation/Publication defense. Completed forms will be stored in students' advising file in Compass.

Student Name: _____

Student Number: _____

Date and time for Dissertation/Publication Defense: _____

Title of Dissertation/Publication: _____

Please have each Dissertation/Publication Committee member sign this form to confirm a successful completion of Dissertation/Publication Defense.

Dissertation Chair: _____

Co/Chair (if applicable): _____

Committee Member: _____

Outside Member: _____

Additional Member (if applicable): _____

Student Name: _____

Student Signature: _____ Date: _____

Program Director/Coordinator Name: _____

Program Director/Coordinator Signature: _____ Date: _____