



REQUEST TO SCHEDULE DISSERTATION ORAL DEFENSE

This form must be approved and signed by **ALL** parties and turned in to the Humanities Ph.D. Program Office, no later than **one (1) week prior** to the requested defense date. If not, the requested date will be denied.

NOTICE: Once approved, the Dissertation Oral Defense will be posted and made public to the CAU campus community.

TO: Director of the Humanities Ph.D. Program
Assistant Dean, School of Arts & Sciences

FROM: _____ / _____ **900** _____
Student Name Signature Student 900#

Student E-mail ()
Phone Number

Requested Defense Date: ____ / ____ / ____ **Time:** _____ **AM/PM**

Tentative Defense Location (CAU Campus only): _____

Title of Dissertation:

The Candidate has met all requirements for the degree except for the dissertation.

Dissertation Committee Members:

_____ Name of Committee Chair	_____ Signature & Date
_____ Name of Second Reader	_____ Signature & Date
_____ Name of Third Reader	_____ Signature & Date
_____ Name of Fourth Reader (If applicable)	_____ Signature & Date

Action of Department Chair in area of concentration:

Approved **Denied**

Signature & Date

Action of Humanities Program Director:

Approved **Denied**

Signature & Date