



# GRADUATE SCHOOL

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## DISSERTATION DEFENSE FORM FOR DOCTORAL STUDENTS Submit to the Graduate School

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

This is to certify that (Student Name): \_\_\_\_\_ successfully defended the dissertation on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

If needed, supplementary requirements such as publications or conference presentations as described below, have also been successfully completed. A memo is attached listing pending requirements not included below.

Supplementary Requirements: \_\_\_\_\_

Verified by (Name & Title): \_\_\_\_\_

### Supervising Committee

**Name of Chair/Co-Chair**

**Signature**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of Committee Members**

**Signature**

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Title of Dissertation: \_\_\_\_\_

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\_\_\_\_\_  
Doctoral Program Director Printed Name

\_\_\_\_\_  
Doctoral Program Director Signature

\_\_\_\_\_  
Date