

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

_____	DATE _____
DEPARTMENT GRADUATE COORDINATOR	
_____	DATE _____
DEPARTMENT CHAIR	
_____	DATE _____
COLLEGE DEAN	
_____	DATE _____
DEAN OF GRADUATE STUDIES	

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