

**THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
APPLICATION FOR DISSERTATION DEFENSE DATE**

Return the completed form, with all signatures, to The Graduate School, Montclair State University,  
College Hall 203, Montclair, NJ 07043

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Student I.D. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Instructions to doctoral students:**

An oral defense of the dissertation is required of all doctoral students. By completing this form and with the approval of all members of the student's dissertation committee, you are verifying that the dissertation has met all the requirements of the doctoral program and that it is ready for defense. Submit this form to The Graduate School by March 1<sup>st</sup> for May graduation, May 1<sup>st</sup> for August graduation (students seeking an August degree conferral must include with their *Application for a Dissertation Defense Date* form letters of approval from each committee member confirming their summer availability), and by November 1<sup>st</sup> for January graduation. The student is required to submit with this form one copy of the dissertation for The Graduate School plus one copy for each member of their dissertation committee. The Graduate School will distribute these copies to all members of the student's committee for their use in preparing for the defense.

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

Doctoral Program/Concentration: \_\_\_\_\_

**Dissertation Committee**

We have reviewed the proposed dissertation of the above student and deemed it ready for defense. The following individuals have agreed to this date and signify by their signature below.

**Date of Dissertation Defense:** \_\_\_\_\_ **Time of Defense:** \_\_\_\_\_

Chair/Advisor: \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member: \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member: \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member: \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(e-mail if off-campus: \_\_\_\_\_)

Director, Doctoral Program \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean, The Graduate School \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Graduate School's Use Only**

The above student has met all the conditions for defense of the dissertation as certified by The Graduate School and received a grade of Pass.

\_\_\_\_\_  
Signature, Dean of The Graduate School \_\_\_\_\_ Date \_\_\_\_\_

Distribution: The Graduate School, Doctoral Program Director, Dissertation Chair, Student