

## FORM E

THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
APPLICATION FOR DISSERTATION DEFENSE DATE

Return the completed form, with all signatures, to: [docstudy@montclair.edu](mailto:docstudy@montclair.edu)

Student Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Program: \_\_\_\_\_

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**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 your committee and the Doctoral Program Director, you are eligible to defend your dissertation. This form must be accompanied by one hard copy of your dissertation for The Graduate School. This copy may be printed double-sided. Prior to submitting this form, you must provide each committee member with a hard copy (unless otherwise requested by your committee member) of your dissertation.

**Deadline for submission:** March 1 for May graduation; May 1 for August graduation; November 1 for January graduation; a minimum of ten business days prior to proposed defense date

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

\_\_\_\_\_

Please indicate the proposed defense date. All committee members must agree to the following date and time:

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

**Outside Observer of Defense:** \_\_\_\_\_  
(Doctoral Program Director, Impartial Doctoral Faculty Member, TGS Rep.)

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Chair of Committee	Signature	Date

_____	_____	_____
Doctoral Program Director	Signature	Date

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**The Graduate School's Use Only**

**Approved** \_\_\_\_\_ **Denied (Comments:** \_\_\_\_\_ **)**

_____	_____
Signature, Dean of The Graduate School or Designee	Date

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