

## FORM E – Defense Date

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 #: \_\_\_\_\_

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

**Instructions to doctoral students:** An oral defense of the dissertation is required of all PhD 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 digital copy of your dissertation for The Graduate School. Prior to submitting this form, you must provide each committee member with a digital copy of your dissertation.

**Deadline for submission:** March 1 for May graduation; June 3 for August graduation; October 30 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:** \_\_\_\_\_  
(Impartial Doctoral Faculty Member, TGS Rep.)

Chair of Committee	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Doctoral Program Director	Signature	Date

***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