## FORM E – Defense Date

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

Return the completed form, with all signatures, to: <a href="docstudy@montclair.edu">docstudy@montclair.edu</a>

Student Name:		CWID #:
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form, and with the approval of all member defend your dissertation. This form must be School. Prior to submitting this form, you a <b>Deadline for submission:</b> April 12 for Magraduation; a minimum of ten days prior to	s of your committee and the Doctora be accompanied by one digital copy must provide each committee memb by graduation; July 23 for August gra	of your dissertation for The Graduate er with a digital copy of your dissertation.
Dissertation Title:		
Please indicate the proposed defense date	. All committee members must agree	e to the following date and time:
Date of Dissertation Defense:	Time of Dis	sertation Defense:
Outside Observer of Defense:(In		
(In	npartial Doctoral Faculty Member, TG	GS Rep.)
Chair of Committee	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	 Signature	
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Committee Member	Signature	Date
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Doctoral Program Director	Signature	Date
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, p. 2		,
Signature, Dean of The Graduate School of	or Designee	Date

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

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