

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

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: A minimum of ten days prior to proposed defense date. Please visit our website for [Dissertation Defense and Submission Deadlines](#).

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)

| | | |
|---------------------------|-----------|------|
| 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