

FORM E

**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#: _____

Address: _____ Date: _____

_____ Program: _____

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

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