



# ARKANSAS TECH UNIVERSITY



## REQUEST TO SCHEDULE DISSERTATION DEFENSE

This form should be completed and filed with the Graduate College.

**STUDENT NAME:** \_\_\_\_\_ **T NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT/PROGRAM:** \_\_\_\_\_

**DISSERTATION TITLE:**

**DATE OF DEFENSE:** \_\_\_\_\_ **TIME OF DEFENSE:** \_\_\_\_\_

**LOCATION OF DEFENSE:** \_\_\_\_\_ , \_\_\_\_\_  
Building Name Room Number

**SIGNATURES OF DISSERTATION COMMITTEE MEMBERS:**

\_\_\_\_\_  
CHAIR NAME (PRINT) SIGNATURE DATE

\_\_\_\_\_  
COMMITTEE MEMBER (PRINT) SIGNATURE DATE

\_\_\_\_\_  
COMMITTEE MEMBER (PRINT) SIGNATURE DATE

\_\_\_\_\_  
COMMITTEE MEMBER (PRINT) SIGNATURE DATE

\_\_\_\_\_  
COMMITTEE MEMBER (PRINT) SIGNATURE DATE

**SIGNATURES OF APPROVAL:**

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
Dean of the Graduate College Date