Lamar University
Department of Deaf Studies and Deaf Education
Doctor of Education in Deaf Studies and Deaf Education
SCHEDULE for DOCTORAL DISSERTATION ORAL DEFENSE

Name: _____________________________ Student ID: _____________________________

Title of Dissertation: ____________________________________________________________

(Attach copy of 1-page dissertation abstract)

Date: ______________ Day of week: __________ Time of Oral Defense: _________

Location of Defense: __________________________________________________________

Required Signatures:

Chair: ___________________________________________ Date: __________

Committee Member: ______________________________ Date: __________

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Director, Doctoral Program __________________________ Date: __________

Chair, Deaf Studies and Deaf Education __________________________ Date: __________

Dean, College of Fine Arts and Communication __________________________ Date: __________

Dean, College of Graduate Studies __________________________ Date: __________