REQUEST TO SCHEDULE THE PhD. DISSERTATION PROPOSAL ORAL EXAM

DATE SUBMITTED ____________________
STUDENT NAME ____________________ LU ID _____________
EMAIL ADDRESS ____________________ TELEPHONE ___________
DEPARTMENTAL AFFILIATION ____________________

DISSERTATION PROPOSAL MEETING

TENTATIVE DISSERTATION TITLE

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DATE REQUESTED ____________________
TIME ___________________________________
LOCATION: BUILDING__________________ ROOM NO.__________________

PhD. DISSERTATION ADVISORY COMMITTEE

COMMITTEE CHAIR: ________________________ (Dissertation Advisor) NAME (Print or Type) ______________

________________________________________ SIGNATURE

COMMITTEE MEMBER________________________

COMMITTEE MEMBER________________________

COMMITTEE MEMBER________________________

COMMITTEE MEMBER________________________

SCHEDULE ACKNOWLEDGED

________________________________________ DATE ____________________
DEPARTMENT GRADUATE COORDINATOR

________________________________________ DATE ____________________
DEPARTMENT CHAIR

________________________________________ DATE ____________________
COLLEGE DEAN

________________________________________ DATE ____________________
DEAN OF GRADUATE STUDIES

Instruction: Student must submit a copy of the dissertation proposal to Graduate Studies with this form