



Acceptance of Dissertation for Defense

*Instructions: This form must be submitted to the Director of Graduate & Undergraduate Student Services **at least one month** before the proposed defense date.*

Candidate Name: _____ ID: _____

S.T.D. _____ Ph.D. _____ D.Min. _____

The Dissertation

Dissertation Title: _____

Date approved by Vice Provost and Dean of Graduate Studies: _____

Acceptance of Dissertation for Defense:

Committee on Dissertation:

Signature:

Date:

Associate Dean for Graduate Studies for STRS : _____