

**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  
\_\_\_\_\_  
\_\_\_\_\_

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**

\_\_\_\_\_  
DEPARTMENT GRADUATE COORDINATOR                      DATE \_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT CHAIR                      DATE \_\_\_\_\_

\_\_\_\_\_  
COLLEGE DEAN                      DATE \_\_\_\_\_

\_\_\_\_\_  
DEAN OF GRADUATE STUDIES                      DATE \_\_\_\_\_

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