



**CRIMINAL JUSTICE DOCTORAL PROGRAM  
DISSERTATION PROPOSAL DEFENSE (SECOND EXAM) SCHEDULE FORM**

**Student:** \_\_\_\_\_

**EMPLID:** \_\_\_\_\_

The undersigned dissertation chair and committee members have received the student's written dissertation proposal. Each member acknowledges that they were granted sufficient time to review the document and provide critical feedback to the student. After conferring as a committee, we feel that the student listed above is now ready to schedule the dissertation proposal defense.

**Title of Dissertation Proposal:**

\_\_\_\_\_  
\_\_\_\_\_

**Committee Chair**

Name

Affiliation

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Member**

Name

Affiliation

Signature

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\_\_\_\_\_

**Committee Member**

Name

Affiliation

Signature

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\_\_\_\_\_

\_\_\_\_\_

**External Committee Member**

Name

Affiliation

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APO Signature:** \_\_\_\_\_

**Scheduled Date/Time/Location:** \_\_\_\_\_