



**CRIMINAL JUSTICE DOCTORAL PROGRAM  
DISSERTATION DEFENSE SCHEDULE FORM**

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

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

The undersigned dissertation chair and committee members have received the student’s written dissertation. 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 defense.

**Title of Dissertation:**

**Committee Chair**

Name	Affiliation	Signature
_____	_____	_____

**Committee Member**

Name	Affiliation	Signature
_____	_____	_____

**Committee Member**

Name	Affiliation	Signature
_____	_____	_____

**External Committee Member**

Name	Affiliation	Signature
_____	_____	_____

**APO/EO:** \_\_\_\_\_

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