



CRIMINAL JUSTICE DOCTORAL PROGRAM
DISSERTATION PROPOSAL DEFENSE SCHEDULING 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
_____	_____	_____

Committee Member

Name	Affiliation	Signature
_____	_____	_____

External Committee Member

Name	Affiliation	Signature
_____	_____	_____

APO/EO: _____

Scheduled Date/Time/Location: _____