

Dissertation Form 3 – DPA APPROVAL FOR ORAL DEFENSE

Please return this form directly to Graduate Academic Services

Name:		Date	•
Last	Fi	rst	
Email:		Phone: (H)	
		(B)	
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City		State	Zip
	ation and declare the can	ct/oral defense announcement which didate ready for Oral Defense. We a	
			, Study Advisor
ORIGINAL SI REQUI			, Committee Member
ILQ01			, Committee Member
The followi	ng arrangements have be	een agreed upon by my committee fo	or the Oral Defense:
DATE	TIME	PLACE	
THIS FORM	M MUST BE SUBM	ITTED AT LEAST 3 WEEKS	PRIOR TO ORAL
DEFENSE	OR BY APRIL 1st	OF THE YEAR YOU PLAN	TO GRADUATE.
Attached are:			
		ertation (high-quality bound reproduction e (see current ULV Catalog for amount)	
c. Cap and	d gown order form (call Gr	raduate Office for amount)	
		v.edu) Oral Defense Announcement use (only needed if defense is not being !	held on the ULV campus)
c. A map	to the site of my oral defen	ise (only needed if defense is <u>not</u> being	encid on the OLV campus)
NOTICE OF			E DICCEDE ATION
NOTICE OF	RECEIPT OF SCHE	DULING OF ORAL DEFENSE O	F DISSERTATION
To:		Date	<u>:</u>
The Graduate Office	ce has received your Rec	quest to Schedule the Oral Defense o een fulfilled, hereby approves your s	f your dissertation and,
Your outside review	wer will be:		
Ι	Program C	hair	