

**COUNSELING PSYCHOLOGY DEPARTMENT**

**DOCTORAL DISSERTATION DEFENSE REQUEST FORM**

**Deadline:** Return to Department Academic Services Coordinator at least **4 weeks** before Defense Date

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Email \_\_\_\_\_

Minor: \_\_\_\_\_ Proposed Graduation Date \_\_\_\_\_

Dissertation Title: \_\_\_\_\_

I have met with the student and have reviewed their final defense. S/he has my approval to pursue a defense date.

\_\_\_\_\_  
Dissertation Chair

Committee also approved by \_\_\_\_\_  
Department Chair

Please indicate 5 possible dates and timeframes for your proposal. A “doodle poll” will be created to determine available times for all your committee members (e.g. 10/31 9:00am – 6:00pm):

\_\_\_\_\_

**Defense Committee Members**

Dr. \_\_\_\_\_, **Comm. Chair**

Dr. \_\_\_\_\_, **Comm. Member**

Dr. \_\_\_\_\_, **Comm. Member**

One member must be from outside the CP department. Include department name and email address for this committee member.

Dr. \_\_\_\_\_, **Comm. Member from outside CP**

\_\_\_\_\_, Department Name and Email address (if applicable)

You may have an optional fifth member. If applicable, include a department name and email address for this committee member.

Dr. \_\_\_\_\_, **Comm. Member**

\_\_\_\_\_, Department Name and Email address