Ph.D. Request for Dissertation Defense

WRIGHT STATE UNIVERSITY

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Dissertation Title: _____

Proposed Date: _____ **Time:** _____ **Location:** _____

Committee members to serve

Dissertation Director: _____
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Committee Member: _____
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Committee Member: _____
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Committee Member: _____
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External Observer: _____
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Signatures

	Print Name	Signature	Date
Student:			
Dissertation Director:			
Program Director:			
Department Chair:			