



Authorization to Schedule Dissertation Defense

Student's Name

Ph.D. Degree Program

Student's ID Number

Student's Advisor

Advisor's Home Department/Program: _____

Scheduled Date and Time of Defense: _____

Location: _____

The undersigned committee members have reviewed the student's draft dissertation dated _____ and agree that the dissertation defense should proceed on the scheduled date; the members further agree to attend the defense and subsequent examination on the scheduled date and time.

Advisor/Committee Chair: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Montana Tech Campus Director: _____
(signature) (date)

Dean of Graduate School: _____
(signature) (date)