

Computing and Information Systems Ph.D. Program Request to Schedule Dissertation Defense

Student Name _____ ID _____
Signature _____ Date _____

Dissertation Title _____

Abstract

Date _____ Time _____ Location _____

	Committee Member Name	Signature	Chair
CIS Faculty	_____	_____	_____
CIS Faculty	_____	_____	_____
CIS Faculty	_____	_____	_____
CIS or other Grad Faculty	_____	_____	_____
Graduate School Rep	_____	_____	_____
CIS Ph.D. Track Coordinator	_____	_____	_____