



Scheduling of the Proposal Defense of the Dissertation Research

If you are using the web form, once completed and signed by you, it will be automatically sent to the appropriate parties. However, if you are using the PDF version, complete the top and bottom section of the form and sign it. Then send it to your dissertation chair. Finally, email the form to edd@csusb.edu for the Program Director's signature. Kindly ensure that the COMPLETED form is sent to edd@csusb.edu. If you request signatures via Adobe Sign, please CC edd@csusb.edu, but DO NOT request signatures from edd@csusb.edu through Adobe Sign. If you need assistance, please contact our office at edd@csusb.edu.

Student Name: _____ Student ID: _____

Student Phone # : _____ Student Email: _____

This form certifies that the Dissertation Chair approves the scheduling of the Proposal Oral Defense as stated below and that the Dissertation Committee members listed below are available at the date and time noted on this form and have agreed upon my readiness for the Proposal Oral Defense.

Date of Proposal Oral Defense: _____ Time: _____

Location: _____

Title of Dissertation:

Dissertation Committee Members:

Name of Dissertation Chair (Core Faculty Member)

Name of Dissertation Committee Member (Core or Affiliated Faculty Member)

Name of Dissertation Committee Member (Community Partner/Faculty Fellow)

Student Signature

Date

Dissertation Chair Signature

Date