



Dissertation Defense Request Form

Students should complete the top portion of this form and returned it to your Dissertation Chair and a copy to the department Graduate Staff. After the Final Defense, this form should be completed and returned to the Program Director.

Student Last Name	Student First Name	UMID
Program Name	Department	Faculty Advisor
Candidacy Date	Dissertation Date	First Enrollment Date

Title of Dissertation: _____

Select one: First Attempt ____ Retake _____

Dissertation Committee Members	Overall Rubric Assessment
1.	
2.	
3.	
4.	
5.	

I completed my Pre-defense meeting with my Faculty Advisor, and I am eligible to defend my Dissertation on

_____ (Date for Dissertation Defense)	_____ Student Signature	_____ Date
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Overall Assessment Results: DISTINCTION PASS FAIL (retake allowed) FAIL (retake not allowed)
(Unanimous vote is required for Distinction designation, and all Overall Rubric results must assess candidate as PASS.)

_____ Dissertation Committee Chair	_____ Date
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Program Director, please submit to the Associate Dean along with a copy of each committee member’s Rubric, a copy of the written Dissertation, and the Certification of Completion of Dissertation Requirements for Doctoral Degree (if successful defense) for signature.

_____ Program Director (signature)	_____ Date
_____ Associate Dean for Graduate Education and Research (signature)	_____ Date