

Dissertation Defense Committee Recommendation Form

This form should be submitted to gnsao@uci.edu at least 2 weeks prior to the planned dissertation defense date for approval.

Student Information

Name:

Date:

Program and Degree:

Email address:

Dissertation Information

Planned Dissertation Defense Date:

Dissertation Title:

Study Topic:

Brief Summary:

Dissertation Chair

Faculty Name:

Committee Member

Faculty Name:

Faculty Name:

Faculty Name:

Faculty Name:

Faculty Name:

Student: I verify that I have already submitted all materials to my entire committee for their review.

Graduate Student Signature:

Date:

Faculty Advisor: I agree to give the committee at least two weeks to read and give any feedback to me as faculty advisor about the student's readiness to defend.

Faculty Advisor Signature:

Date:

Program Director Signature:

Date: