

Form IV – Doctoral Dissertation Proposal Defense Form

Students are responsible for collecting all Committee, External Reviewer, and Department Chair signatures

Student ID	Student Last Name, First Name, Middle Name (AS LISTED IN MYUTH)	Date of Proposal Defense
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Degree and Major	Faculty Advisor's Name (PRINT)	Department
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Proposal Title: _____

Student Signature	Print Name	Date
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By signing below, we certify that the student has passed the dissertation proposal defense.

Faculty Advisor/Chair Signature	Print Name	Discipline	Major Department	Date
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Minor Advisor Signature	Print Name	Discipline	Major Department	Date
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Second Minor/Breadth Advisor Signature	Print Name	Discipline	Major Department	Date
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Dissertation Supervisor Signature	Print Name	Discipline	Major Department	Date
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Optional Member Signature	Print Name	Department/Institution	Date
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Optional Member Signature	Print Name	Department/Institution	Date
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Additional Reviewers (Minimum of one required):

External Reviewer Signature	Print Name	Department/Institution	Date
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External Reviewer Signature	Print Name	Department/Institution	Date
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Department Approval

Department Chair Signature	Print Name	Department	Date
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Submission:

1. Attach proposal defense newsletter announcement.
2. Email both to sphstudentresearch@uth.tmc.edu and copy sphstudentrecords@uth.tmc.edu.

Office of Academic Affairs and Student Services Approval

_____ Director, Academic Affairs	_____ Date
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