Request for Final Doctoral Defense

This form must be submitted to The Graduate School *three weeks prior* to the defense date or by current semester deadline for graduation.

Email form with <u>all required signatures</u> (except Dean of Grad School) to <u>gradsvcs@lsu.edu</u>. Please ensure that your department receives a copy of this form.

Student Information:					
LSU Student ID:		Defen	Defense Date:		
Name:		Time	Time & Place:		
Department:		Previo	Previously Scheduled?		
Major:		Mino	Minor:		
Dissertation Title:					
Note: If the title changes after the defens	e, please ensure the D	octoral Approval Sh	eet reflects the new tit	le.	
Committee Information: Doctoral committees must include a total members must be from the student's major faculty. If a minor is declared, the minor of graduate faculty, indicate the institution we Co-Chairs (if applicable) and Minor Pro-	or department and at lead department must be repoint (SU) after the name	ast one of whom mus resented. If you are i e. Please remember	at be a full member of including a member of to include the Dean's	the LSU Graduate Southern University's	
Committee Members (Print Names B	Below):				
Committee Chair:		Member:			
Member:		Member:			
Dean's Representative:		Member:			
Member:					
Required Signatures:					
Student Signature:			Date:		
Major Professor:			Date:		
Department Chair or Graduate Advisor:			Date:		
Dean of the Graduate School:			Date:		
For Office Use Only:					
GPA: CW:	TIME:	REG:	COM:	MINOR:	