



SEOR PhD: APPROVAL TO DEFEND DISSERTATION FORM

Student Name: _____
(Last Name, First Name)

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Date: _____

BA/BS: Year Received: _____ MA/MS: Year Received: _____

Date received for review by: SEOR Ph.D. Program Director _____

Committee Member Approval:

Name: _____ Signature: _____

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Project/Dissertation Director: _____

Dissertation Title: _____

Approved: _____ Disapproved: _____

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Comments:

Proposed Dissertation Defense Date: _____

Location/ Room No: _____ Time: _____ Flyer generated and distributed: _____

Note: Please send to seor@gmu.edu the following:

- your dissertation title and abstract
- a list of publications associated with your dissertation (conference and/or journal)