

Your dissertation defense is a public event for the academic community at CGU. All announcements are made by the Registrar's Office. This form is used to submit your dissertation defense announcement to the community. For guidelines, see the CGU Bulletin at <http://bulletin.cgu.edu/>

Student Information

CGU ID# 254 - _____

Last Name _____ First Name _____ Middle _____

Department/Program _____ Degree _____

Dissertation Title _____

Date Advanced to Candidacy _____

Defense Date _____ Time _____

Location _____ Request Room - Preference _____

Estimated Attendance _____ Technology Requested _____

Please announce and schedule (if applicable) my dissertation defense as indicated above. I ensure that I have met all eligibility requirements for scheduling my defense as listed below:

- I am currently registered for Doctoral Study (except Summer) and have submitted my Intent to Receive a Degree Form for the current semester.
- It has been at least six months since I was advanced to candidacy.
- Documentation about my dissertation proposal and the membership of my committee are current with the Registrar's Office records.
- All members of my dissertation committee have received both a copy of my dissertation and advanced notice of this scheduling with **at least two weeks advance notice**. Further, all committee members have agreed to this defense date and time.
- I will be physically present at the location indicated above for my dissertation defense and will be accompanied by my committee chair or other member of my dissertation committee.
- The scheduled defense date provides **at least one week advanced notice** to the community.

I understand that I am solely responsible for any delays that I may incur as a result of not meeting all eligibility requirements to schedule my defense and/or for completion of all degree requirements within the deadlines established in [CGU's Academic Calendar](#).

Student Signature _____ Date _____

Department/Program Approvals

Committee Chair Name _____ Signature _____ Date _____

Dept. Admin. Review _____ Signature _____ Date _____

Submit Completed Form to the Registrar's Office