**Application for Dissertation Defense**



**Registration Services**

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| Student’s name: | | |  | | | | | | |  | | | | | |
| ID#: |  | | | | | | | | | Phone number: | | |  | | |
| Garrett-Evangelical e-mail address: | | | | | |  | | | | | | | | | |
| Scheduled Date & Time of Dissertation Defense: | | | | | | | | | Date: | | |  | | Time: | |
| Date Degree is Expected: May of (year) | | | | | | |  | | |  | | | | | |
| Check one:  Arrangements have already been made for the room where the oral examination will be held. | | | | | | | | | | | | | | | |
| Room: | | | |  | | | | | |  | | | | | |
| I request that the PhD Coordinator make room arrangements. | | | | | | | | | | | | | | | |
| Committee Members/Academic Institution/Email: | | | | | | | | | |  | | | | | |
| Advisor: | | | | | Institution: | | |  | | | e-mail: | | | |  |
|  | | | | | Institution: | | |  | | | e-mail: | | | |  |
|  | | | | | Institution: | | |  | | | e-mail: | | | |  |
|  | | | | | Institution: | | |  | | | e-mail: | | | |  |
| Signatures: | | | | |  | | |  | | |  | | | |  |
| Student: | |  | | | | | | | | | Date: | | | |  |
| Advisor: | |  | | | | | | | | | Date: | | | |  |
| Director of PhD Program\*: | | | | |  | | | | | | Date: | | | |  |

*\*The Director of the PhD Program will need to be consulted for any proposed changes in the constitution of the dissertation committee between the proposal review and the defense.*

Typing name into signature field and sending form .edu e-mail address constitutes signature.

Please submit this application (may be faxed to 847.866.3884, delivered or e-mailed), signed by your advisor, to the PhD coordinator in the registrar’s office four to six weeks before the scheduled date of the oral defense.

Upon receipt of this application, the PhD coordinator will present it to the PhD program director for review and signature. Once this signature is obtained a confirmation memo will be e-mailed to the student and all members of the student’s committee.