

# Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

## Doctoral Dissertation Proposal Defense Request Form

### Instructions:

Submit this form, an electronic PDF copy of the proposal, and the requested proposal defense date, to the Department Program Director for signature at least three weeks before the requested proposal defense date. Submit the electronic PDF copy to each committee member. Email the completed form to [OfficePhDMS@gwu.edu](mailto:OfficePhDMS@gwu.edu).

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Requested defense date: \_\_\_\_\_ Time: \_\_\_\_\_

### Required Signatures

Signing this form indicates your approval of the proposal for defense.

Chair: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ (optional)

Member: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ (optional)

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date