



Master's and Doctoral Defense Notification Form

****This form must be completed and turned in to your department at least 3 weeks before your defense****

Important note: ONLY documents submitted by your department to the Enrollment Services Portal will be accepted.

☐ Master's

☐ Doctoral

Enrollment Requirement:

Is this student enrolled for the required 3 hours of 6000 (thesis) or 8000 (dissertation) this semester?

YES

NO

Semester of Graduation: ☐ Fall ☐ Spring ☐ Summer Year _____

Student Information:

Student R Number _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Daytime phone number _____ Email Address _____

Degree Information:

Degree Sought: ☐ M.A. ☐ M.S. ☐ MM/MMED ☐ DMA ☐ EdD ☐ PhD Other (specify) _____

Major: _____

Day and Date of Examination: _____ Time: _____ Building and Room No: _____

Dissertation Title: (please type)

Committee Information: *Please clearly indicate if your committee member is not TTU faculty by putting (EXT) next to their name. All external members must be approved by the Graduate School.

Chair _____ (include Department name, Mailstop, Phone number and Email)

Committee member: _____ Committee member: _____

Committee member: _____ Committee member: _____

Committee member: _____ Committee member: _____

For Graduate School use only

Approved
Y/N
Date: _____

Student Signature: _____ Date: _____

Chairperson Signature: _____ Date: _____

Co-Chairperson Signature: _____ Date: _____

The following section should be completed by Doctoral Students (PhD and EdD Only)

Graduate Dean's Representative: _____

Department: _____ Telephone: _____ MS: _____