

PhD Program
School of Social Work
Certification of Proposal Readiness for Oral Defense

Dissertation Proposal to be Defended by: _____
Student Name

Proposal Title:

We have read this Dissertation Proposal and attest to its readiness for oral defense.

Chair: _____
Name Signature

Dissertation Committee Members who are readers:

Reader: _____
Name Signature

Reader: _____
Name Signature

Reader: _____
Name Signature

Reader: _____
Name Signature

Schedule:

This signed form and a copy of the proposal to be defended must be filed with the PhD Program Director **at least ten (10) working days prior to the scheduled oral defense**. When the proposal has been successfully defended, the PhD Program Director will place a copy in the PhD Student Lounge.

Date: _____ Time: _____

Room #: _____ Day of Week: _____