The University of Wisconsin-Milwaukee
Graduate School

SUBMIT PRINT RESET

Application for the Doctoral Dissertation Defense and Graduation

Clearly TYPE or PRINT all information. Your name on the diploma will be printed as it exists on your university records.
Changes to your name must be made in Mellencamp 274 at least one month prior to graduation.
All asterisked (*) information will appear in the commencement program.

PART I: To be completed by the Doctoral Student

Student Name*	Social Security Number or Student I.D. Number
Street Adress	Telephone
City State Zip	E-mail
Doctoral Program*	Minor Option A (if applicable)

Major Professor (or Co-chairs)*

Expected to graduate: ☐ May _____ year ☐ August _____ year ☐ December _____ year

Dissertation Title*

All five committee members must be **graduate faculty members approved by the Graduate Curriculum Committee,** unless written approval is granted by the Graduate School Associate Dean for Academic Programs and Student services. A minimum of 5 graduate faculty members, including the major professor, are nominated to serve on the student's dissertation defense committee as follows: (please print)

PART II: To be completed by the Graduate School

The student is a candidate for the doctoral degree and is eligible to have the dissertation examined by the Dissertation Defense Committee.

Evaluated by _____ Date _____

Memo

PART III: To be completed by the Major Professor and Authorized Program Representative or Chair

Complete this section as soon as a date is established for the defense. The defense must take place at least two weeks before the graduation date.

Defense Date

Signatures

_____ _____
Chair of the Dissertation Committee (Major Professor) Date

_____ _____
Authorized Graduate Program Representative or Chair Date