

## Agreement to Schedule the Dissertation/Project Defense & Final Examination

Select Program: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

I have read the student's doctoral dissertation/project titled:

With my signature, I confirm that the dissertation/project has been electronically checked for plagiarism and that it is ready to be defended.

\_\_\_\_\_  
Committee Chair Signature
Type Name
Department

All committee members have been consulted and have agreed to the following schedule:

**Scheduled Dissertation/Project Defense & Final Examination:**

Date	Time	Location <small>If virtual please provide link</small>

\_\_\_\_\_  
Committee Co-Chair Signature  
(If applicable)
Type Name
Department

\_\_\_\_\_  
Committee Member Signature
Type Name
Department

\_\_\_\_\_  
Committee Member Signature
Type Name
Department

\_\_\_\_\_  
Committee Member Signature
Type Name
Department

\_\_\_\_\_  
Graduate Faculty Representative Signature
Type Name
Department

Complete this form. Upload to [CGS website](#) to be routed for signatures. Form should be submitted no later than the date specified on the CGS website (eight weeks prior to graduation). Receipt of the form will serve as notice to formally announce the project/dissertation defense & final examination date. Contact CGS with questions 361.825.2174.

**For College of Graduate Studies Use Only:**

CGS Approval _____	Entered in Banner _____
Defense Announcement _____	
Academic Advisor _____	Entered on Spreadsheet _____