

**DISSERTATION APPROVAL MEETING
SCHEDULING FORM**

Student's Name _____
(as it will appear on dissertation)

Student's Address _____

Student's Telephone _____

Doctoral Program _____

Dissertation Committee: _____ Chair Co-Chair

one)

(Circle

_____ Member Co-Chair

one)

(Circle

_____ Member

Dean's Representative _____

Dissertation Title:

Times (2 hours) when the Student, Committee and Dean's Representative are available to meet:

Day _____ Date _____ Time _____

Preferred meeting place: Evanston__ Wheeling__ Chicago__ Wheaton__ Elgin__ Other : _____

Student's Signature _____ Date _____

Dissertation Chair's Signature _____ Date _____

Note: Please submit a copy of the dissertation with this form