

PHD PROPOSAL DEFENSE NOTIFICATION

CASE WESTERN RESERVE UNIVERSITY
FRANCES PAYNE BOLTON SCHOOL OF NURSING
PHD PROGRAM

NAME OF STUDENT: _____

COMMITTEE CHAIRPERSON SIGNATURE: _____

MEMBERS OF COMMITTEE (PLEASE PRINT)

CHAIRPERSON: _____

MEMBER: _____

MEMBER: _____

MEMBER: _____

MEMBER: _____

MEMBER: _____

TITLE OF DISSERTATION PROPOSAL:

PROPOSAL DEFENSE SCHEDULE

DATE: _____

TIME: _____

PLACE: _____

Bring this form to the PhD Office three weeks prior to the proposal defense.

PLEASE INDICATE: CLOSED SESSION **OR** OPEN SESSION

Return this form to the PhD Office, Room 318B.