

DISSERTATION FORM 3 – DBA PROGRAM APPROVAL FOR ORAL DEFENSE

Please return this form directly to Graduate Academic Services

Name:			Date:		
	Last	First			
Student I.D.					
ULV Email:		Phone:	Phone:		
Address:					
	Street	City	State Zip		
final draft of		approved the abstract/oral deference by declare the candidate ready ed below:			
Date	Time	Location			
	signature)	Committee Cha	ir		
(8	signature)	Committee Men	nber		
(:	signature)	Committee Men	nber		
msoto@lavern The oral defer respectively. I	ne.edu at Graduate Acader 1. Application for grad 3. Final draft of the dis 5. Map to the site (only nse announcement and ab if you plan to participate i	make sure to email the follow nic Services at least <u>two weeks</u> pri- luation and fee 2. Cap and ssertation 4. Abstract/ y needed if Oral Defense is held ou stract must be e-mailed to your ac n graduation in the Spring semest Academic Services by April 1 st of t	or to Oral Defense: Gown order form and fee Oral Defense Announcement atside of the ULV Campus) cademic advisor and Mary Soto er, you must submit form 3 and		
N	OTICE OF RECEIPT	OF APPROVAL FOR ORAL D	DEFENSE		

Approved:

Date:_____

(Program Director Signature)

Form 3-Last updated 11/10/2022