



Dissertation Proposal Hearing Scheduling Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall
 For any questions, please call 617-552-4928 or fax 617-552-2121.

Student / Candidate Name: _____

Title of Dissertation: _____

Date Submitted: ____/____/____

COMMITTEE MEMBERS

*Signature indicates that committee member has read the proposal and agrees that the candidate may proceed to hold a proposal defense hearing

Committee Chairperson (please print): _____

*Signature _____

Second Committee Member (please print): _____

*Signature _____

Third Committee Member (please print): _____

*Signature _____

Fourth Committee Member (optional) (please print): _____

*Signature _____

Fifth Committee Member (optional) (please print): _____

*Signature _____

Date(s) Proposal Hearing Requested: ____/____/____ at ____ time

____/____/____ at ____ time

Date rec'd in CSON Graduate Programs Office: _____