



# Master's and Doctoral Defense Notification Form

**\*\*This form must be completed and turned in to your department at least 3 weeks before your defense\*\***

**Important note:** ONLY documents submitted by your department to the Enrollment Services Portal will be accepted.

Master's

Doctoral

**Enrollment Requirement:**

Is this student enrolled for the required 3 hours of 6000 (thesis) or 8000 (dissertation) this semester?

YES NO

**Semester of Graduation:**  Fall  Spring  Summer Year \_\_\_\_\_

**Student Information:**

Student R Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Email Address \_\_\_\_\_

**Degree Information:**

Degree Sought:  M.A.  M.S.  MM/MMED  DMA  EdD  PhD Other (specify)

Major: \_\_\_\_\_

Day and Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_ Building and Room No: \_\_\_\_\_

**Dissertation Title: (please type)**

**Committee Information:** \*Please clearly indicate if your committee member is not TTU faculty by putting (EXT) next to their name. All external members must be approved by the Graduate School.

Chair \_\_\_\_\_ (include Department name, Mailstop, Phone number and Email)

Committee member: \_\_\_\_\_ Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_ Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_ Committee member: \_\_\_\_\_

For Graduate School use only

Approved  
Y/N  
Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following section should be completed by Doctoral Students (PhD and EdD Only)**

Graduate Dean's Representative: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_ MS: \_\_\_\_\_