

## Application for the Dissertation Defense

| This form must                        | t be completed and submitted to GS   | SAS by the department   | or doctoral p | rogram.           |            |      |
|---------------------------------------|--|-------------------------|---------------|-------------------|------------|------|
| STUDENT Last:                         |  | First:                  |               | Middle:           |            |      |
| COLUMBIA (UNI)<br>EMAIL ADDRESS:      |  |                         |               | STUDENT PID:      |            |      |
| DOCTORAL<br>PROGRAM:                  |  |                         |               |                   |            | ICLS |
| PROVISIONAL<br>DISSERTATION<br>TITLE: |  |                         |               |                   |            |      |
| For policies reg                      | arding the composition of the disse  | ertation committee, see | e gsas.columb | ia.edu/defense-co | ommittees. |      |
| In the checkbox                       | es on the right, indicate the committee of approved advisors is available at |                         |               |                   |            |      |

| DEFENSE WILL TAKE PLACE ON: |  |        |                                 |          |       |  |  |  |  |  |
|-----------------------------|--|--------|---------------------------------|----------|-------|--|--|--|--|--|
| Day of the week:            | Date:                                  |        | Time:                           |          | Room: |  |  |  |  |  |
| For GSAS use                | ☐ Intent ☐ Dist. reg. ☐ M.Phil. (date) | □ ZTXT | ☐ Blue folder ☐ Notices emailed | APPROVED | DATE  |  |  |  |  |  |