



# SCHOOL OF PUBLIC HEALTH

## Dissertation Defense Request

Submit completed form to [sphregistration@ohsu.edu](mailto:sphregistration@ohsu.edu) at least 14 days prior to date of defense.  
Be sure to attach the dissertation abstract.

### PART I: Request

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Program

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

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#### Dissertation Proposal Title

Dissertation Proposal Defense Date: \_\_\_\_\_,  
Day Date

Proposal Defense Start Time: \_\_\_\_\_ Proposal Defense Location: \_\_\_\_\_

### PART II: Approval

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#### Dissertation Committee Chair Approval

The members of the dissertation committee have determined that the above-named student's dissertation is substantially complete and defensible. By signing below, the Chair confirms the committee's availability on the date indicated.

\_\_\_\_\_  
Dissertation Committee Chair Name

\_\_\_\_\_  
Dissertation Committee Chair Signature

\_\_\_\_\_  
Date

#### Program Director Approval

\_\_\_\_\_  
Program Director Name

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date