



SCHOOL OF PUBLIC HEALTH

Dissertation Defense Request

Submit completed form to sphregistration@ohsu.edu at least 14 days prior to date of defense.

PART I: Request

Student Name

Student ID

Program

Student Signature

Date

Email

Dissertation Title

Dissertation Defense Date: _____,
Day Date

Dissertation Defense Start Time: _____ Dissertation Defense Location: _____

PART II: Approval

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