Agreement to Schedule the Dissertation/Project Defense & Final Examination

Select Program: _____

Student's Name: _____ A#: _____

I have read the student's doctoral dissertation/project titled:

With my signature, I confirm that the dissertation/project has been electronically checked for plagiarism and that it is ready to be defended.

Committee Chair Signature	Type Name	Department

All committee members have been consulted and have agreed to the following schedule:

Scheduled Dissertation/Project Defense and Final Examination:

Date	Time	Location If virtual please provide link

Committee Co-Chair Signature (If applicable)	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Graduate Faculty Representative Signature	Type Name	Department

Complete this form. Upload to Grad Forms Submission to be routed for signatures. Form should be submitted no later than the date specified on the Registrar website. For questions please contact gradcollege@tamucc.edu or call Katy Garcia/Associate Provost's Office at 361.825.3365

For Graduate Education Use Only:

Graduate Faculty Status _____ Entered in Banner _____

Academic Advisor _____ Entered on Spreadsheet _____