

UNIVERSITY OF SOUTH FLORIDA

REQUEST FOR THE DISSERTATION DEFENSE

The undersigned request that the University community be notified that the following doctoral candidate for the Ph.D. degree stands ready to defend his/her dissertation. Each committee member hereby certifies that he/she has carefully reviewed the final draft of the dissertation and considers it to be suitable for defense.

	Name <i>(print or type clearly)</i>	UID#	Degree
Doctoral Candidate		U -	Ph.D

Graduate Program	Graduate Department	Dept. Mail Code
Business	Accounting	BSN 3403
Dissertation Title		
Time, Date and Place of Examination		
Chairperson of Examination, Dept., and Mail Code (or Address)		

Examining Committee

	Name <i>(print or type clearly)</i>	Signature of Approval	Date Signed
<input type="checkbox"/> Major Professor <input type="checkbox"/> Co-Major Professor			
<input type="checkbox"/> Co-Major Professor <input type="checkbox"/> Member			
Member			
Member			
Member			
Member			
Member			

Approvals

	Name <i>(print or type clearly)</i>	Signature of Approval	Date Signed
Dept. Chairperson			
College Dean			