

**UNIVERSITY OF SOUTH FLORIDA – COLLEGE OF BUSINESS**

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**(Department)**

**Doctoral Dissertation Proposal Defense**

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Title

By

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Name

On

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Date

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Time

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Location

**Dissertation Committee**

(starting with major professor - list name, Ph.D.)

***THE PUBLIC IS INVITED***

For disability accommodations contact \_\_\_\_\_ at \_\_\_\_\_ at least 48 hours in advance  
**(an electronic copy of this proposal is available from the author)**