COUNSELING PSYCHOLOGY DEPARTMENT

DOCTORAL PROPOSAL DEFENSE REQUEST FORM

Deadline: Return to Department Academic Services Coordinator at least 4 weeks before Proposal Date

Name:	ID#	Email
Minor (if applicable):		
Dissertation Title:		
		I defense. S/he has my approval to pursue a proposal defense date.
		Dissertation Chair
your committee members	(e.g. 10/31 9:00am – 6:00pm):	. A "doodle poll" will be created to determine available times for all
Faculty Members as professor).	te Graduate School policy at UW-Mad s defined UW policy. One member ma	ison, 4 members of the dissertation committee must be Graduate y be non-Graduate Faculty (e.g., academic staff; clinical al committee members must include three CP faculty members.
Proposal Committee Me	embers – Must be 3 CP faculty members	S.
Dr		omm. Chair-Reader
Dr		omm. Member-Reader
Dr	, C	comm. Member-Reader
	onal members, along with department na r from outside the CP department.	me and email address, for Final Defense. One member must be a
Dr	, C	omm. Member-Non-Reader
		, Department Name and Email address (if applicable)
Dr	, C	Comm. Member-Non-Reader from outside CP
		, Department Name and Email address
(Must be Time confirmed Room 327 reserv Computer/project	n Warrant from Grad School done at least 3 weeks in advance of proposal date) wed ctor reserved posted & distributed	