



PhD Approval of Dissertation Content

This form is to be filled in by the student and submitted with a Defense Announcement form to the ME Graduate Office immediately after receiving approval from all committee members and not less than 1 week prior to the Public Oral Defense.

Students should start planning no less than 4 weeks prior to their anticipated Public Oral Defense date. If the student has not conducted a Preliminary Format Review with the Thesis Office, they must provide the dissertation to the Graduate Advisor for their format review. The student must allow the Committee Chair at least 3 weeks for their review of the dissertation. The student must also allow all Committee Members at least 2 weeks for their review.

The majority of the Committee must approve (Approved or Approved w/Corrections) the dissertation's content prior to scheduling and holding the Public Oral Defense. If the majority of the Committee does not approve the dissertation, the student must revise the content to satisfy their concerns. The revised dissertation is expected to be returned to the committee within 1 week. Once all Committee Members' concerns have been satisfied, the student will obtain their signatures and return the form to the Graduate Office. Additional information about the defense procedure can be found in the [PhD Defense Handbook](#).

NAME: _____

STUDENT ID #: _____ **UMAIL:** _____

Supervisory Committee Approval

Each Committee Member must indicate how the dissertation was reviewed, their evaluation of the content, and how they will attend the public defense. If a member indicates an evaluation of Not Approved, they should not sign the form until their concerns have been satisfied. U of U ME Faculty, must attend the public defense in-person.

		<u>I reviewed the dissertation via:</u>	<u>My evaluation of the content is:</u>	<u>I will attend the public defense:</u>
Chair _____	_____	<input type="checkbox"/> Private Defense <input type="checkbox"/> Individual Student Meeting <input type="checkbox"/> Independent Manuscript Review	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Corrections <input type="checkbox"/> Not Approved	<input type="checkbox"/> In-person
	Name	Signature		
Member _____	_____	<input type="checkbox"/> Private Defense <input type="checkbox"/> Individual Student Meeting <input type="checkbox"/> Independent Manuscript Review	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Corrections <input type="checkbox"/> Not Approved	<input type="checkbox"/> In-person <input type="checkbox"/> Remotely (traveling)
	Name	Signature		
Member _____	_____	<input type="checkbox"/> Private Defense <input type="checkbox"/> Individual Student Meeting <input type="checkbox"/> Independent Manuscript Review	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Corrections <input type="checkbox"/> Not Approved	<input type="checkbox"/> In-person <input type="checkbox"/> Remotely (traveling)
	Name	Signature		
Member _____	_____	<input type="checkbox"/> Private Defense <input type="checkbox"/> Individual Student Meeting <input type="checkbox"/> Independent Manuscript Review	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Corrections <input type="checkbox"/> Not Approved	<input type="checkbox"/> In-person <input type="checkbox"/> Remotely (traveling)
	Name	Signature		