



George Mason University
 Sid and Reva Dewberry Department of Civil, Environmental, and
 Infrastructure Engineering, MSN 6C1
 Fairfax, VA 22030-4444 (703) 993-1675
 Fax: (703) 993-9790

CIE PhD: SCHEDULING OF THE DISSERTATION DEFENSE FORM

Student Name: _____
(Last Name, First Name)

Address: _____

Phone Number(s): _____

Email: _____

Student ID: _____

Date: _____

BA/BS: Year Received: _____ MA/MS: Year Received: _____

Date received for review by: Chair of the CEIE Department _____

Committee Member Approval:

Committee Member	Name	Signature	Date
Dissertation Committee Director CEIE Faculty Member			
Dissertation Committee Member (CEIE Faculty Member)			
Dissertation Committee Member (CEIE Faculty Member)			
Dissertation Committee Member (Non-CEIE Faculty Member)			
Additional Committee Members (Not Required, Outside Reader)			

Dissertation Title: _____

Proposed Dissertation Pre-Defense Date: _____

Proposed Dissertation Final Defense Date: _____ *Note cannot be sooner than 1 month from pre-defense date

Room: _____ Time: _____

Flyer generated and distributed: _____ (CEIE Administrative Assistant initial when completed)

Note: Please send to lkosoglu@gmu.edu and ceie@gmu.edu the following no later than 2 weeks prior to dissertation pre-defense date:

- your dissertation title and 250 word abstract

Approved: _____ Disapproved: _____

Program Director: Chair of the CEIE Department

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