

## Doctoral Dissertation Meeting Form

The student must submit this completed form at **least two weeks prior** to holding a dissertation proposal or final defense conference. Please complete this form after advisor approves your meeting and when you have worked with your committee members to determine a meeting date and time. An email response will be sent to the student's SCSU e-mail from the Center for Doctoral Studies. It is the student's responsibility to notify their dissertation committee of meeting location. The Center for Doctoral Studies office will also send public notifications for guest to attend dissertation final defense conference meetings.

Student Name: \_\_\_\_\_ Tech ID: \_\_\_\_\_

Program of Study: \_\_\_\_\_ SCSU E-mail Address: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_

### Please select which meeting you are scheduling:

- Dissertation Proposal Conference       Dissertation Final Defense Conference

### Meeting Space/Equipment Needs:

A meeting space on the **SCSU Campus** will be reserved for you which has a PC computer and a projector screen.

Please specify specific needs:

- A committee member will attend meeting:  
 online via Adobe Connect       phone       other \_\_\_\_\_
- I would like a meeting space at the Twin Cities Graduate Center (Petition approval required)
- I request to present online via Adobe Connect (Petition approval required)
- Please specify any further needs you have: \_\_\_\_\_

Dissertation Topic: \_\_\_\_\_

Dissertation Chair: \_\_\_\_\_

Dissertation Committee Member Names: \_\_\_\_\_

### Signatures Needed

Dissertation Chair: \_\_\_\_\_ Date \_\_\_\_\_

Signature

### Return Form to:

Michele Braun-Heurung, Doctoral Center Facilitator  
Center of Doctoral Studies  
B 121 Education Building  
720 4<sup>th</sup> Avenue S.  
St. Cloud, MN 56301  
mbraunheurung@stcloudstate.edu  
Phone: 320.308.4220

Date Student Notified: \_\_\_\_\_