



Doctoral Programs

Notification of Final Defense of Dissertation

Please complete and return form to the Wharton Doctoral Office at least two weeks before Final Defense

Name: _____ Penn ID: _____

Email: _____

Department: _____

Committee Members:

| Name | Supervisor | Chair | Reader |
|------|------------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Title of Dissertation:

Day, Date and Time of Defense: _____

Room Location: _____

TO BE COMPLETED BY THE DISSERTATION COMMITTEE CHAIR

The dissertation committee for the student named above certifies that the candidate is ready to hold their final defense hearing.

Signature, Committee Chair

Date