

Application for Defense of Dissertation

Complete this page and return it to the Graduate Law Programs Office, Suite 240A and a copy to the Academic Services Office, Suite 130.

A. Data			
Full Name:			Date:
	Last Firs	t	<i>M.I.</i>
Student ID:		Email	
Desired defense date:		Desired time: (e.g., 11 AM or after	noon)
Defense Committee: Typically, S.J.D. dissertation committees have three members. Chair Co-advisor			
Co-advisor			
Co-advisor			
B. Signatures			
I certify that the information contained in this application and all supporting materials is complete, accurate, and my own work. I understand that submission of inaccurate information or misrepresentation of work done by someone else can be considered sufficient cause for terminating my application and/or enrollment at Suffolk University Law School.			
Student's Signature:			Date:
I certify that the dissertation is ready to defend. The substance is satisfactory and the writing does not require significant editing. I have approved all members of the defense committee and they have agreed to participate in the defense.			
Advisor's Signature:			Date: