Geography Department, USC
Dissertation Defense Form

TO: Director of Graduate Studies

FROM: _____

RE: _____ _____
Student Name Student Number

DATE: _____

The above named student successfully defended a dissertation. The defense occurred on _____.
Date

The title of the dissertation is _____

_____

_____

The examining committee consisted of the following faculty whose signatures appear below.

Signature Print

1) _____ _____

2) _____ _____

3) _____ _____Outside Member

_____ Department of Outside Member

4) _____ _____ Chair

Forwarding Address (NOT OPTIONAL)

_____
_____
_____
email _____phone _____