

# Syracuse University – School of Education

## Intent to Defend Doctoral Dissertation Notice

This form is to be submitted the semester before you plan to defend, along with the Diploma Request on MySlice.

Name \_\_\_\_\_ SUID # \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Program of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

Program Advisor \_\_\_\_\_

Title of Dissertation \_\_\_\_\_

\_\_\_\_\_

Dissertation Advisor \_\_\_\_\_

Committee Members \_\_\_\_\_

\_\_\_\_\_

Semester you plan to defend

\_\_\_\_\_

### Signatures:

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

Dissertation Advisor \_\_\_\_\_ Date: \_\_\_\_\_