



Washington University in St. Louis

SCHOOL OF MEDICINE

DISSERTATION DEFENSE NOTIFICATION FORM

After the dissertation defense committee has been approved and at least 15 days before the scheduled defense, this form should be completed and submitted to the School of Medicine Registrar's Office at wusmregistrar@wustl.edu. This form should be submitted by a program representative, not the student.

Student Name: _____

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Date and Time of Defense: _____

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PLEASE ATTACH A COPY OF THE STUDENT'S C.V. TO THIS COMPLETED FORM.

Please do not include your SSN, date of birth, or birthplace on the C.V.

Program Representative Name

Program Representative Signature

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Comments: