

**WHARTON SCHOOL DOCTORAL PROGRAMS
UNIVERSITY OF PENNSYLVANIA
3620 Locust Walk, Philadelphia, PA 19104-6302**

NOTIFICATION OF ORAL PROPOSAL DEFENSE

Name: _____ SS#: XXX-XX-_____ (last four digits)

Address: _____ Telephone#: _____

e-mail: _____

Wharton Ph.D. Program Department: _____

Committee Members: _____ (Chair)

Title of Proposal:

Day, Date and Time of Defense: _____

Room Location: _____

TO BE COMPLETED BY THE DISSERTATION COMMITTEE CHAIR

The dissertation committee of the above named student certifies that the candidate is ready to hold his/her oral proposal defense.

Signature, Committee Chair

Date

TO THE STUDENT:

Please return the completed form to the Wharton Doctoral Office **at least two weeks before the hearing date**. Notice of the hearing will also be posted on the bulletin board in the Wharton Doctoral Office, Suite 400 Steinberg Hall-Dietrich Hall.