

**City & Metropolitan Planning  
Doctoral Dissertation Defense Form**

*Complete and submit to the CMP Office*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ UNID: \_\_\_\_\_

Dissertation Defense Date:

Dissertation Defense Title:

Check One:                      Pass                      Pass with Revision                      Fail

Comments:

Committee Members:

Name (Chair) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_