



UNIVERSITY of ROCHESTER

Dissertation Registration Form Department of Linguistics

Candidate information

First name: _____ Last name: _____

URID: _____ ORCID: _____ Gender identity: _____

Diploma name: _____
(This will appear exactly as you type it)

Personal email: _____

Address after graduation: _____

Defense date and time

Public lecture date: _____ Public lecture time: _____

Public lecture location: _____
(leave blank if no public lecture)

Closed lecture date: _____ Closed lecture time: _____

Closed lecture location: _____

Committee members

Dissertation advisor (internal committee member 1): _____

Internal committee member 2: _____

Internal committee member 3: _____

Outside committee member: _____

Outside committee member's department: _____

If not UR faculty, provide their email: _____

Nominated committee chair: _____

Committee chair's department: _____

Degree history

(only complete for as many degrees that you've earned)

Previous degree 1 (most recent): _____

Institution: _____

Previous degree 2: _____

Institution: _____

Previous degree 3: _____

Institution: _____

Dissertation

Dissertation title: _____

You must attach a PDF copy of your final dissertation to this form. Final refers to it being the same version you provide your dissertation committee and that you defend.

Internal use only

Received on _____

Reviewed for completion by _____ on _____.