

Request for PhD Defense Chairperson

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| Name of Candidate: | Enter text. | URID: | Enter text. |
|  |  |  |  |
| Department: | Choose an item. |
|  |  |
| For the Degree In: | Choose an item. |
|  |  |
| Name of Advisor: | Enter text. |
|  | Committee Member: Department: |
|  | Enter text. |  | Enter text. |
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| The following ranked full-time faculty from **outside** the candidate’s PhD department/program are **suggested to serve as chair** of the oral exam. |  |
| Enter text. |  | Enter text. |  |   |
| 1st Chair Nominee | Dept. of Primary Appointment/Faculty Rank |  |
| Enter text. |  | Enter text. |  |   |
| 2nd Chair Nominee | Dept. of Primary Appointment/Faculty Rank |  |
| Enter text. |  | Enter text. |  |   |
| 3rd Chair Nominee | Dept. of Primary Appointment/Faculty Rank |  |

Thesis Title: (***please note: an abstract of thesis work and program of study must also accompany this form)***

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| Enter text. |

At the University of Rochester, a chairperson is appointed for each PhD oral defense exam to monitor and promote fairness and rigor in the conduct of the defense. The chair’s status **as *a nonmember* of the advisor’s and student’s department or program** enables distance from previously established judgments on the candidate’s work and prevents the chairperson from exerting administrative authority over other members or being subject to such authority. In the graduate programs within the School of Medicine and Dentistry, the program director (with input from the advisor/student when appropriate) nominates three faculty members to serve as chair. The nominations are reviewed by the Senior Associate Dean for Graduate Education and Postdoctoral Affairs and one faculty member is approved to chair the defense exam.

***This form must be submitted*** to the Senior Associate Dean for Graduate Education and Postdoctoral Affairs to initiate the appointment of a doctoral defense chairperson

***at least 4 months prior to scheduling a defense date.*** When scheduling for the defense, the approved chair is included in the student’s planning for specific dates.

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| Program Director Signature | Date |
|  |  |
| Senior Associate Dean Signature | Date |

Revised 03/2022