

**Neuroscience Graduate Program
Permission to Defend Committee Meeting Form**

Student Name:

Date of Committee Meeting: _____

Recommendations for development of activities:

This student has been given permission to schedule their dissertation defense.

This student has been given permission to schedule their dissertation defense contingent upon the following actions:

This student has NOT been given permission to schedule their dissertation defense.

Mentor	Signature	Date
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Committee CHAIR	Signature	Date
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Committee Member	Signature	Date
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Committee Member	Signature	Date
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Student	Signature	Date
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