



## Cancer Biology: Permission to Defend Form

This form **MUST** be completed and signed by the DGS immediately after your final committee meeting.

**Student Name:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_

**Defense Title:**  
 \_\_\_\_\_

**List of papers published and/or accepted:**  
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 \_\_\_\_\_  
 \_\_\_\_\_

**Dissertation Committee:**

Member Name	Signature
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Member Name	Signature
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Member Name	Signature
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Member Name	Signature
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Member Name	Signature
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**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Director of Graduate Studies (DGS) Signature      Date**

Signed form should be returned to the Program Administrator (Roberta Lynn): 1462 Clifton Road, Suite 300A  
 or email: [roberta.lynn@emory.edu](mailto:roberta.lynn@emory.edu).