



SCHOOL OF PUBLIC HEALTH

Dissertation Proposal Defense Approval

PART I: Dissertation Committee Approval

Student Name

Student ID

Program

The undersigned members of the Dissertation Committee certify that on _____, the above student defended the dissertation proposal. By signing below, each member indicates support of the final Committee decision indicated below.

Title of Proposal: _____.

	Name	Signature	Date
Chair			
Member			
Member			
Member			
Member			

Decision:

____ The student has **passed** the dissertation proposal defense.

____ The student has **passed** the dissertation proposal defense, but further **revisions are required** before the proposal is accepted as sufficient. These revisions will be submitted to the Chair by _____.

____ The revised dissertation proposal is approved. _____.

Chair Signature, date

____ The student has **not passed** the dissertation proposal defense.

PART II: Graduate Program Approval

Program Director Name

Program Director Signature

Date

Associate Dean

Associate Dean Signature

Date