



SCHOOL OF PUBLIC HEALTH

Dissertation Defense Approval

PART I: Dissertation Defense Approval

Student Name

Student ID

Program

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

Dissertation Title: _____

	Name	Signature	Date
Chair			
Member			
Member			
Member			
Member			

Decision:

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

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

____ The revised dissertation is approved. _____
Chair Signature, Date

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

PART II: Recommendation for the Degree

By signing below, I certify to the Faculty of the University that this candidate has fulfilled all requirements for the degree of Doctor of Philosophy:

Program Director Name

Program Director Signature

Date

Associate Dean, Academic Affairs

Associate Dean Signature

Date