

# Dissertation Final Defense Approval Form



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

Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_@uams.edu

Academic Advisor: \_\_\_\_\_

Semester first enrolled in doctoral program (e.g., Fall 2016): \_\_\_\_\_

Program:  DRPH\*  EPI  HPPR  HSSR

*\*DRPH Does Not Require Graduate School Signature*

We certify by our signatures below that \_\_\_\_\_ has successfully passed the oral defense of the dissertation, as required for completion of his/her doctoral degree program.

\_\_\_\_\_  
Signature, Dissertation Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Dissertation Committee Co-Chair/Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Dissertation Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Dissertation Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Dissertation Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctoral Program (Co)Director: \_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Doctoral Program (Co)Director: \_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Department Chair: \_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Associate Dean for Academic Affairs: \_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Dean, Graduate School: \_\_\_\_\_  
Signature/Date

Original: Office of the University Registrar

Cc: Student  
Doctoral Program Director(s)  
COPH Office of Student Affairs  
Graduate School