

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

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

Original: Office of the University Registrar

Cc: Student
Doctoral program director(s)
COPH Office of Student Affairs