

# Dissertation Proposal 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 dissertation proposal, 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