

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

DrPH Dissertation Proposal Defense Request Form

Instructions:

Submit this form, an electronic PDF copy of the proposal, and the requested proposal defense date, to the Department Program Director for signature at least three weeks before the requested proposal defense date. Submit the electronic PDF copy to each committee member.

Candidate's Name: _____ Date: _____

Email: _____

Home Phone: _____ Work or Cell Phone: _____

Requested defense date: _____ Time: _____

Required Signatures

Signing this form indicates your approval of the proposal for defense.

Chair: _____ Signature: _____ Date: _____

Member: _____ Signature: _____
Date: _____

Member: _____ Signature: _____
Date: _____

Member: _____ Signature: _____
Date: _____
(optional)

Member: _____ Signature: _____
Date: _____
(optional)

Program Director Signature

Date