

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Doctoral Dissertation Defense Report Form

Instructions:

This form should be completed and signed by the Doctoral Dissertation Research Committee to certify successful defense of the dissertation. Any "Conditional Pass" evaluations should be accompanied by a document describing the process for making changes pursuant to "Conditional Pass," including who should review the changes (e.g., Dissertation Committee, Committee Chair) and when the changes need to be made. All but one of the members of the Committee must agree for the final decision to be either "Pass w/ No Revisions" or "Conditional Pass." Email the completed form to OfficePhDMS@gwu.edu

On _____, this committee met for the Doctoral Dissertation Defense of _____
(date) (name)
entitled: _____
(title of dissertation)

The Committee Member and Reader recommendations are as follows:

	Pass w/ No Revisions	Conditional Pass	Fail Must Re-defend
Dissertation Committee Chair Print name:			
Signature: _____	_____	_____	_____
Dissertation Committee Member Print name:			
Signature: _____	_____	_____	_____
Dissertation Committee Member Print name:			
Signature: _____	_____	_____	_____
Dissertation Committee Member (optional) Print name:			
Signature: _____	_____	_____	_____
Dissertation Committee Member (optional) Print name:			
Signature: _____	_____	_____	_____
Dissertation Reader Print name:			
Signature: _____	_____	_____	_____
Dissertation Reader Print name:			
Signature: _____	_____	_____	_____