

# Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

## Doctoral Dissertation Committee Approval Form

### Instructions:

All proposed Dissertation Committee members must agree to serve on the Committee prior to submitting this form. The Committee consists of at least three but no more than five members: this includes a Dissertation Committee Chair and two-four Committee members. The Committee Chair serves in the role of advocate for the candidate during the Oral Defense. If a member of the proposed Dissertation Committee is not a full-time, Milken Institute SPH faculty member, please note his/her institutional affiliation and highest academic degree and attach a copy of the CV to this form. (See the DrPH or PhD Handbook for information about the composition of the Dissertation Committee.)

Candidate's Name \_\_\_\_\_

Date \_\_\_\_\_

Specialty Field \_\_\_\_\_

Chair \_\_\_\_\_

Department and/or Affiliation \_\_\_\_\_

Member \_\_\_\_\_

Department and/or Affiliation \_\_\_\_\_

Member \_\_\_\_\_

Department and/or Affiliation \_\_\_\_\_

Member \_\_\_\_\_

Department and/or Affiliation \_\_\_\_\_

(optional)

Member \_\_\_\_\_

Department and/or Affiliation \_\_\_\_\_

(optional)

\_\_\_\_\_  
Department Program Director signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctoral Program Director Signature

\_\_\_\_\_  
Date

# Milken Institute School of Public Health

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## Doctoral 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

Instructions:

This form should indicate the recommendations of the Dissertation Committee following the dissertation proposal defense. If the proposal is accepted with modifications, the process for making required changes should be described on a separate attachment and should include the estimated date for completing the changes/modifications. All but one of the members of the committee must agree with the decision to accept the proposal without modifications, accept with modifications, or reject. If the proposal is rejected, the student is required to re-defend the proposal after all required changes are addressed.

**Proposal Defense Report**

On \_\_\_\_\_, this committee met the proposal of \_\_\_\_\_.

The Examiners' recommendations are as follows:

	<b>Accept without Modifications</b>	<b>Accept with Modifications</b>	<b>Reject Re-defense Required</b>
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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: \_\_\_\_\_

# Milken Institute School of Public Health

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## Doctoral Final Dissertation Defense Request Form

The final draft of the dissertation must be submitted to the Dissertation Research Committee and readers at least five weeks before the proposed defense date. This request must be submitted at least four weeks before the proposed defense date. Include the names of the two readers who have been approved by the Program Director who will serve as examiners for the dissertation defense and have the members of the committee sign the form. Attach readers' CVs to this form if outside of GWU.

### Final Dissertation Defense Request

The Dissertation Committee of \_\_\_\_\_ requests that a dissertation examining committee be convened on \_\_\_\_\_ (date) to consider the candidate's dissertation, titled \_\_\_\_\_.

The \_\_\_\_\_ The following two examiners will serve as readers for the dissertation defense.

\_\_\_\_\_  
Name of Reader

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Reader

\_\_\_\_\_  
Email

**Signatures below indicate that the dissertation is edited and in appropriate style and is ready for defense.**

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

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

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

Dissertation Committee, Member \_\_\_\_\_ (optional)

Dissertation Committee, Member \_\_\_\_\_ (optional)

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Date

# Milken Institute School of Public Health

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## Doctoral Dissertation Defense Report Form

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."

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: _____	_____	_____	_____