

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

DrPH 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 Handbook for information about the composition of the Dissertation Committee.) Email the completed form to drphadmin@gwu.edu.

Candidate's Name _____ Date _____

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)

Academic Advisor signature _____ Date _____

DrPH Program Director Signature _____ Date _____

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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 DrPH Program Director for signature at least three weeks before the requested proposal defense date. Submit the electronic PDF copy to each committee member. Email the completed form to drphadmin@gwu.edu.

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)

DrPH 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-define the proposal after all required changes are addressed. Email the completed form to drphadmin@gwu.edu.

Proposal Defense Report

On _____, this committee met the proposal of _____.

The Examiners' recommendations are as follows:

	Accept without Modifications	Accept with Modifications	Reject Re-defense Required
Dissertation Committee Chair Print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			
Dissertation Committee Member Print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			
Dissertation Committee Member Print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			
Dissertation Committee Member (optional) Print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			
Dissertation Committee Member (optional) Print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			

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DrPH Dissertation Defense Report Form

Instructions:

This form should be completed and signed by the DrPH 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 drphadmin@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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation Committee Member Print name:			
Signature: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation Committee Member Print name:			
Signature: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation Committee Member (optional) Print name:			
Signature: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation Committee Member (optional) Print name:			
Signature: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation Reader Print name:			
Signature: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissertation Reader Print name:			
Signature: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>