

# 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](mailto: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](mailto:drphadmin@gwu.edu).

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Requested defense date: \_\_\_\_\_ Time: \_\_\_\_\_

### DrPH Competencies

Please identify 2-5 DrPH competencies that will be addressed in the proposal project.  
Please see your Program of Study for a complete listing of DrPH Competencies.

Competency

Competency

Competency

Competency

Competency

### 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-defend 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:

	<b>Accept without Modifications</b>	<b>Accept with Modifications</b>	<b>Reject Re-defense Required</b>
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](mailto:drphadmin@gwu.edu)

On \_\_\_\_\_, this committee met for the DrPH Dissertation Defense of \_\_\_\_\_  
 (date) (name)  
 entitled: \_\_\_\_\_  
 (title of dissertation)

**The Committee Member and Reader recommendations are as follows:**

	<b>Pass w/ No Revisions</b>	<b>Conditional Pass</b>	<b>Fail Must Re-defend</b>
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"/>