

DEPARTMENT OF CONFLICT RESOLUTION STUDIES

Dissertation Committee Chair Approval Form

Date: _____

NSU ID#: _____

I, _____, have successfully completed all the necessary requirements in order to select the chair for my dissertation committee. The following faculty member has agreed to serve as my dissertation committee chair.

Committee Chair's Name: _____

Committee Chair's Signature: _____

Student's Signature: _____

Approved: _____ Date: _____

Department Chair's Signature

Please Note: The Dissertation Chair must be a member of the DCRS faculty. If your Chair should leave DCRS before your final defense, you will need to replace him/her with an active DCRS faculty member.