

DEPARTMENT OF CONFLICT RESOLUTION STUDIES

Dissertation Committee Approval Form

Date: _____

NSU ID#: _____

I, _____, have successfully completed all the necessary requirements in order to formulate my dissertation committee. The title of my proposed dissertation is:

My proposed dissertation committee is as follows:

Committee Chair: _____
Name

Member: _____
Name Signature

Member: _____
Name Signature

Member: _____
Name Signature

***** Must submit with CV for any outside committee members***
Each of the above faculty members has agreed to serve on my dissertation committee.**

Student's Signature

Date: _____

Approved: _____
Committee Chair's Signature

Date: _____

Approved: _____
Department Chair's Signature

Date: _____