College of Arts, Humanities, and Social Sciences

Dissertation Proposal/Dissertation/ACP Defense Form

☐ Dissertation Proposal
☐ Applied Clinical Project Proposal
☐ Final Dissertation Defense
☐ ACP Final Presentation

Student Name: ___________________________________________________________________________________

Date of Defense: ______________________________ NSU ID#: __________________________________

Title of Study: ___________________________________________________________________________

This is to affirm that I have presented my doctoral study before the supervisory committee and will abide by the committee’s required modifications.

__________________________________________________________________________________________ Date: ______________

Student’s Signature

☐ PASSED ☐ PASS with Revisions ☐ NO PROGRESS

Comments regarding required changes, additions or deletions:
(Please note additional changes may be required by the committee throughout the processes)

**Please use additional pages of notes as needed.

Committee Chairperson:

_________ ____________
Print Name Signature Date

Doctoral Program Director:

_________ ____________
Print Name Signature Date

cc: Student
Administrative Assistant

Last Revised: 2/8/17