



**Department of Family Therapy
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

Approved: _____ **Date:** _____
Honggang Yang, Ph.D.
Dean



Department of Family Therapy
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.)

_____ Date: _____
Student's Signature

Approved: _____ Date: _____
Committee Chair's Signature

Approved: _____ Date: _____
Department Chair

Approved: _____ Date: _____
Honggang Yang, Ph.D.
Dean

cc: Student
Dissertation Committee Members
Program Coordinator/Student File