



College of Arts, Humanities, & Social Sciences
Dissertation Proposal/Dissertation/ACP Defense Form

- checkbox Dissertation Proposal
checkbox Applied Clinical Project Proposal
checkbox Final Dissertation Defense
checkbox 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.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- checkbox PASSED
checkbox PASS with Revisions
checkbox NO PROGRESS

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

Empty rectangular box for comments.

\*\*Please use additional pages of notes as needed.

Committee Chairperson:

Print Name Signature Date

Doctoral Program Director:

Print Name Signature Date

cc: Student
Program Manager