

**Ph.D. in Nursing Science**

**Doctoral Committee**

# Final Dissertation Defense Approval Form

**Instructions:** By signing this form, Doctoral Committee members signify they have reviewed the student’s written final dissertation and give approval to the student to schedule the oral defense of the final dissertation. The completed form should be submitted to the Ph.D. Graduate Advisor by the student two weeks prior to scheduling the oral defense of the final dissertation. As a reminder, some faculty are employed only Fall and Spring semesters and may not be available for summer defenses.

**Semester: \_\_\_\_Fall \_\_\_\_Spring \_\_\_\_Summer Year: \_\_\_\_\_\_\_**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We certify that the Ph.D. student has permission to schedule the oral Comprehensive Exam which is the oral defense of the dissertation proposal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctoral Committee Chair Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctoral Committee Member Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctoral Committee Member Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctoral Committee Member Signature Date**