School of Humanities and Social Sciences
Dissertation Proposal/Dissertation/ACP Defense Form

☐ Dissertation Proposal  ☐ Final Dissertation Defense
☐ Applied Clinical Project Proposal  ☐ 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 Program Manager

Last Revised: 5/15/14