



### Approval of Doctoral Dissertation

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ Student Z# \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ FAU Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

**DATE OF DEFENSE:** \_\_\_\_\_

Dissertation Title: \_\_\_\_\_  
\_\_\_\_\_

**DISSERTATION WAS:**

- Approved with Modification
- Denied

**DISSERTATION COMMITTEE DECISION:**

Chair of Committee: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Disapprove

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Disapprove

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Disapprove

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Disapprove

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Disapprove

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_  Approve  Disapprove

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_