



Approval of Doctoral Dissertation

STUDENT INFORMATION:

Name: Last First Middle Student Z#

Address: Street City State Zip Code

Phone (home): Phone (work):

Phone (cell): FAU Email:

Alternate Email:

DATE OF DEFENSE:

Dissertation Title:

DISSERTATION WAS:
Approved
Approved with Modifications
Approved with Major Modifications
Denied

Modifications need to be sent to the department chair and administrative office

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: