Department of Health Promotion, Education, and Behavior

Doctoral Dissertation Defense Notification Form

To be completed by the committee chair for each student who successfully defends his/her dissertation.

Check One:

Degree: PhD _____ DrPH _____

Type of Defense: Dissertation Proposal Defense _____ Final Dissertation Defense_____

Name of Student: _____

ID (last 4 digits) :_____

Dissertation Title:

_____

_____

Date of Defense: _____

Comments:

_____

_____

Signature & Date: _____
Doctoral Committee Chair

Please give the completed form to Casey Goldston.

_____ _____

HPEB GRADUATE DIRECTOR Date