University of Central Florida

College of Nursing

DISSERTATION PROPOSAL DEFENSE

MEMORANDUM

To: College of Nursing Graduate Program Office

From: Chair and Dissertation Committee

Date: _____

Student: _____

Proposal Title:

This is to certify that the above named student has successfully defended his/her dissertation proposal defense and may proceed to dissertation research.

DISSERTATION COMMITTEE MEMBERS:

_____ Outcome:_____
Chair Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____
Susan K. Chase, Date
Associate Dean, College of Nursing

_____
Mary Lou Sole Date
Interim Dean, College of Nursing