College of Nursing
Nursing Systems

UNIVERSITY OF CENTRAL FLORIDA

DISSERTATION PROPOSAL DEFENSE OUTCOME FORM

To: College of Nursing Graduate Program Office

From: Chair and Dissertation Committee

Date: _____

Student: _____

Title Proposal: _____

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

DISSERTATION COMMITTEE MEMBERS

_____	_____	_____
Chair	Date	Outcome
_____	_____	_____
Co-chair	Date	Outcome
_____	_____	_____
Committee Member	Date	Outcome
_____	_____	_____
Committee Member	Date	Outcome
_____	_____	_____
Committee Member	Date	Outcome

_____ _____

Department Chair Signature Date

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