



UNIVERSITY OF CENTRAL FLORIDA

**DISSERTATION PROPOSAL DEFENSE NOTICIATION FORM**

To: College of Nursing Graduate Program Office

From: Chair and Dissertation Committee

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Title Proposal:

**DISSERTATION COMMITTEE MEMBERS**

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Date

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Committee Member

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Committee Member

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Date

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Committee Member

\_\_\_\_\_  
Date

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Dr. Mona Shattell, Chair  
Department of Nursing Systems

\_\_\_\_\_  
Date