

**PHD DISSERTATION DEFENSE FORM**

**INSTRUCTIONS:**

1. The Faculty Advisor will complete this form after the student has defended their dissertation.
2. The Faculty Advisor is responsible for obtaining the signatures of individual committee members.
3. Return the signed form to the Office of Student and Academic Services via email at [cph@unthealth.edu](mailto:cph@unthealth.edu).

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
*Last First*

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

Concentration: \_\_\_ Epidemiology \_\_\_ Health Behavior Research

**DISSERTATION INFORMATION:**

Date of Presentation: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_

Decision of the Committee:

\_\_\_ Pass

\_\_\_ Pass with Minor Revisions

\_\_\_ Fail

The candidate must be provided with a description of the required changes or corrections.

The signatures below indicate that you agree with the decision made by the committee and the decision must be unanimous. If revisions are needed, the MS/PhD Program Director will notify the Office of Student and Academic Services via email when all revisions are made and approved. If the proposal defense is adjourned with a decision of "Fail", attach a summary regarding the circumstances and recommended actions. A decision of failure will result in an unsatisfactory annual review.

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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Committee Member Signature

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Date

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Committee Member Signature

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Date

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Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MS/PhD Program Director Signature

\_\_\_\_\_  
Date