

**East Carolina University
College of Nursing
PhD Program
Dissertation Approval Form**

Student Name: _____ **Date:** _____

Phone number: () _____ **Email address:** _____ **Banner ID:** _____

Working Title of Dissertation Research: _____

Dissertation Option: Traditional Dissertation Option _____ Manuscript Dissertation Option _____

Name of Dissertation Chair/Research Mentor: _____

Names of selected and invited dissertation advisory committee members:

Please list members:	Please sign after proposal is approved:
1.	
2.	
3.	
4.	
5.	

Approval: The student has successfully presented their final dissertation proposal to the committee and is ready to submit an IRB application & proceed with research.

Dissertation Chair/Research Mentor Signature

Date

Program Director Signature

Date

After initial defense Dissertation Chairs should complete the Assessment Forms for Chapters 1 & 3 and submit to the PhD Program Office