



PhD Dissertation Examination Approval

SCHOOL OF NURSING
Ashland Klamath Falls La Grande Portland

Student Name: _____

Degree: Doctor of Philosophy

Title of Study:

This is to certify that the student has been examined by the undersigned over the material contained in the Dissertation which has been submitted in partial fulfillment of the requirements of the degree indicated above.

Dissertation Chair: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Date: _____

The final copy of this study has been approved and is ready for binding.

Dissertation Chair: _____ Signature: _____

Date: _____

Submit completed form to PhD Program office when final copies are submitted for the Dean's signature.