



SCHOOL OF NURSING
Ashland Klamath Falls La Grande Portland

PhD Examination Certification/ Dissertation Approval

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:

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Signature:

Committee Member:

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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.