

Nursing Doctoral Research Proposal Defense Form

TO: Health Sciences Center Graduate Programs Office
2271 Health Sciences South
PO Box 9024
Morgantown, WV 26506-9024

Date: _____

FROM: _____ (Dissertation Committee Chairperson)

This is to certify that _____, WVU ID# _____,
a PhD candidate in the WVU School of Nursing, completed the Research Proposal Defense as
follows:

Approved Failed

Date of oral proposal defense: _____

Signatures of Dissertation Committee:

Typed Names:

