

DEPARTMENT OF FAMILY THERAPY

Dissertation/Applied Clinical Project Committee Approval Form

Name _____ Date _____

Program (PhD or DMFT) _____ NSU ID#: _____

I have successfully completed all the necessary requirements to formulate my dissertation/ACP committee. The following faculty members have agreed to serve as my committee chair and members. The title of my proposed dissertation/ACP is:

For dissertation, a minimum of two members is required in addition to the chair (one member can be full-time faculty outside of the department and college). A curriculum vitae must be submitted with this form for any outside committee members. For ACP, a minimum of one member is required in addition to the chair.

Each of the faculty members, below, have agreed to serve on my dissertation/ACP committee. *Note: If you have a change in your committee, you must complete a new committee approval form.*

Chair _____
Print name Signature

Member _____
Print name Signature

Member _____
Print name Signature

Student signature _____ Date _____

Approved _____ Date _____
Program Director Signature

Submit the completed, signed form to the DFT Program Coordinator.

cc: Student
Student File