

WCU GRADUATE SCHOOL

Dissertation Final Defense Form

Program: Doctor of Psychology

Student's Name:

Student's 92#:

Title:

Thesis required an IRB: Yes No

Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

Chair:

Signature:

Date:

***As the chair, I have verified that all committee members have Graduate Faculty Status**

Member 1:

Signature:

Date:

Member 2:

Signature:

Date:

Member 3:

Signature:

Date:

Member 4:

Signature:

Date:

Associate Dean of the Graduate

Signature:

Date:

School: Joy Bowers-Campbell, Ph.D.

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Student's Signature:

Date of Successful Defense: