RUTGERS
School of Health Professions

Dissertation Proposal Hearing Form

Doctor of Philosophy (PhD)

Office of Student Affairs

Candidate's Name

Full Title of Topic

Date of Hearing

Outcome Action and Recommendations* ◯ Approved ◯ Approved with Revisions ◯ Disapproved

Rationale/Recommendations (letter/memo may be appended):

Dissertation Committee Signatures (required for all actions)

Committee Chair _____ date

Committee Member _____ date

Committee Member _____ date

Committee Member _____ date

Committee Member _____ date

Reader 1 + _____ date

Reader 2 + _____ date

IRB Opened? ◯ No IRB Required ◯ Yes Please indicate IRB # below

*Approval of the proposal by this Committee is separate from IRB Review. Candidates must seek, obtain and have on file with the Program applicable IRB approval(s) before collecting any data from human subjects.

+ The majority of members and readers combined are from Rutgers.

Submission: After approval or approval with revisions, submit signed and dated original to Student Affairs with a copy to the Program Director.

Office of Student Affairs
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