

Conflict Analysis and Resolution Program

Dissertation Committee Chair Approval Form

Date: _____ NSU ID #: _____

Student Name: _____

I, _____, have successfully completed all requirements necessary to select the Chair of my Dissertation Committee. The following faculty member has agreed to serve as my Dissertation Committee Chair.

Committee Chair Name: _____

Committee Chair Signature: _____

Student Signature: _____

Approved by:

Program Director Signature: _____ Date: _____

Important Note: The Dissertation Chair must be an active faculty member of the Conflict Analysis and Resolution Program. If the Chair leaves the program prior to the student's final dissertation defense, the student must select a replacement Chair from among active program faculty members.