

**Conflict Analysis and Resolution Program**

**Dissertation Committee Approval Form**

Date: \_\_\_\_\_

NSU ID #: \_\_\_\_\_

I, \_\_\_\_\_, have successfully completed all necessary requirements to formulate my dissertation committee. The title of my proposed dissertation is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My proposed dissertation committee is as follows:

Committee Chair: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\* Must submit a CV for any outside committee member \*\*\***

Each of the above faculty members has agreed to serve on my dissertation committee.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Committee Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Program Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CC: Student  
Dissertation Committee Members  
Program Manager/Student File

Last Revised 6/20/26