

dissertation committee form

Please complete and return this form to the Graduate Programs Office in Cushing 202H.
For any questions, please call 617-552-4928.

Name: _____

Date: _____

Title of Dissertation: _____

First Reader (Committee Chair, CSON Faculty) (please print): _____

Signature _____

Second Reader (please print): _____

Signature _____

Third Reader (please print): _____

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Fourth Reader (please print): _____

Signature _____

Dissertation Hearing Date: _____

Signature _____

Date of Submission of Dissertation to Graduate School of Nursing: _____