Sample Approval Record

GRADUATE APPROVAL RECORD

NORTHEASTERN UNIVERSITY

Dissertation Title: [Dissertation Title]

Author: [Student Name]

Department: [Department Name]

(note: CCJ students should use “School of Criminology and Criminal Justice” and LPP/PP students should use “School of Public Policy and Urban Affairs)

Approved for Dissertation Requirement of the Doctor of Philosophy Degree

Dissertation Committee

Signatures required. Add more signature rows for committees of more than three faculty. Committee members can sign post-defense. Chair should only sign once any required revisions are complete and the dissertation is approved as final.

________________________________________________________________________
[Faculty Name], Dissertation Chair Date

________________________________________________________________________
[Faculty Name] Date

________________________________________________________________________
[Faculty Name] Date

Department Chair

(note: CCJ and LPP/PP students should use “Director”)

________________________________________________________________________
[Chair/Director Name] Date

Graduate Office Notified of Acceptance

________________________________________________________________________
Graduate Office Date