
George Mason University
School of Public Policy
Dissertation Proposal Defense

This is to certify that this student has successfully defended his/her dissertation proposal.

Student's Name: _____ Date of Defense: _____

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| | Name | Signature | Date |
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Approved By:

Ph.D. Program Director _____

SPP Dean _____

I have received a copy of the dissertation proposal.

Assistant Director, Ph.D. Student Services _____

Signature

Date

Please return this form to SPP Ph.D. Student Services, Founders Hall 5th Floor, MS 3B1.

SPP Ph.D. Form 8