



**Translational Project Defense Form
 Doctorate in Health Informatics (DHI)**

Date: _____

Name: _____

Student ID Number: _____

The above named student has successfully defended his/her translational project.

The above named student has unsuccessfully defended his/her translational project.

Print Name	Signature	Date
<i>Associate Dean for Academic and Curricular Affairs</i>		

Print Name	Signature	Date
<i>Primary Advisor/Chair</i>		

Print Name	Signature	Date
<i>Additional Committee Member</i>		

Print Name	Signature	Date
<i>Additional Committee Member</i>		

Print Name	Signature	Date
<i>Additional Committee Member</i>		