



**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.

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

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

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

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

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