

**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
Associate Dean for Academic Affairs

Print Name Signature Date
Primary Advisor/Chair

Print Name Signature Date
Additional Committee Member

Print Name Signature Date
Additional Committee Member

Print Name Signature Date
Additional Committee Member