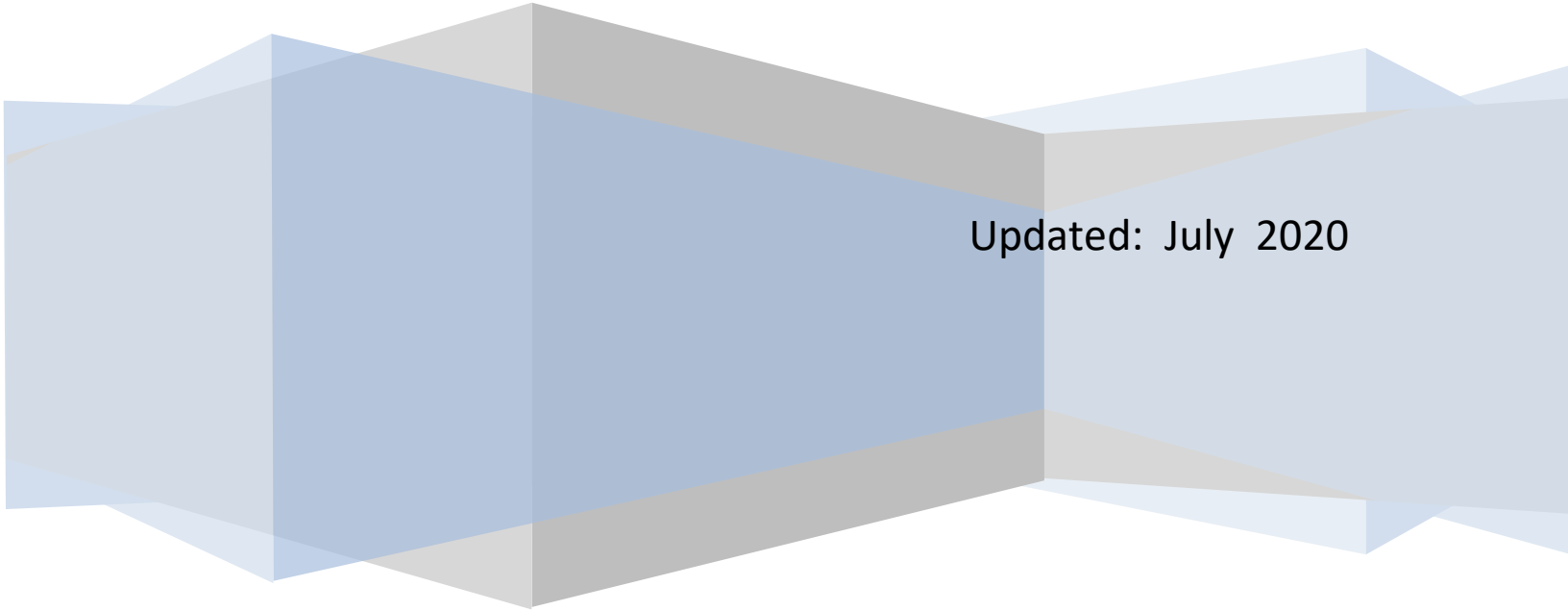


# **Byrdine F. Lewis College of Nursing and Health Professions**

## **Workflow Process for Thesis, Dissertation, and Projects**

*Departments: Nursing, Nutrition, and Respiratory  
Therapy*

Updated: July 2020



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## **General Information:**

The School of Nursing requires students attaining the Ph.D. degree to submit a doctoral dissertation (NURS 9990). Ph.D. students also have the option to publish. The Doctor of Nursing Practice (DNP) requires a DNP Project (NURS 8998). No thesis is required for the Masters in Nursing program.

The Department of Nutrition offers students attaining a master's degree the option of completing a thesis (NUTR 7999) or submitting a portfolio (NUTR 7990). No doctoral program is offered at this time.

The Department of Respiratory Therapy requires students attaining a master's degree the option of completing either a thesis (RT 7999) or completing an applied project (RT 7995).

## **Thesis, Dissertation, and Project Announcements and Fillable PDF Files:**

*The link below will grant faculty and students direct access to the following information on the list.*

<https://lewis.gsu.edu/academic-assistance/thesis-and-dissertation-projects/>

- Submission of Thesis, Dissertation and Project Announcements
- Thesis, Dissertation, and Project Binding Services
- Forms (workflow process): <https://lewis.gsu.edu/workflow-process-for-thesis-and-dissertation-forms/>
- Past Dissertations, Theses, and Projects

# Byrdine F. Lewis College of Nursing and Health Professions

## *Workflow Process for Thesis, Dissertation, and Capstone Projects*

### *Departments: Nursing, Nutrition, and Respiratory Therapy*

**Purpose:** To ensure compliance is maintained and to establish uniformity in the Byrdine F. Lewis College of Nursing and Health Professions for submitted thesis, dissertations and projects for all departments.

**Thesis and Dissertation Requirements:** All degree candidates must present a thesis or dissertation of acceptable scholarship and literary quality. Some non-thesis master's and doctoral degrees do not require a thesis or dissertation but instead require clinical or projects which are defined under each program.

The Doctor of Nursing Practice (DNP) program requires each student to successfully defend the Final Project during the semester they are enrolled in NURS 8998.

Graduate handbooks or dissertation guidelines should be completed and revised in conjunction with the Office of Academic Assistance and Associate Dean of Academic Affairs. Dissertations, theses, and capstone projects must be submitted and approved by set deadlines to guarantee conferral of degrees. The Senior Associate Dean for Academic Affairs of the Byrdine F. Lewis College of Nursing and Health Professions will provide Fall, Spring, and Summer timelines to ensure defense dates comply with student's intended graduation date. These dates will be posted on the Byrdine F. Lewis College of Nursing and Health Professions website.

Department thesis/doctoral/project advisor or committee chair assists students in meeting core-formatting requirements as well as coordinating thesis, dissertation, and project review. The dissertation, thesis, and project become a permanent record of student research and in the case of doctoral research, publication of the dissertation and abstract in its original form.

**Doctoral Candidates:** Are expected to complete all requirements for the doctoral degree, including filing the dissertation. Doctorate of Nursing Practice students will complete a NURS 8998 DNP Project and program requirements.

**Master's Candidates:** All requirements of the master's degree, including filing the thesis or capstone project.

## **Timeline:**

The schedule guides students and committee chairs in setting defense dates to meet required deadlines for a student's graduation. Summer deadlines may change based on the needs of graduation office but students will be informed by committee chair or the Office of Academic Assistance if a change is required. The actual timeline is on Byrdine F. Lewis College of Nursing and Health Professions website.

<https://lewis.gsu.edu/academic-assistance/thesis-and-dissertation-projects/>

**Committee Selection:** Department of Nursing assigns a PhD advisor when students are enrolled and the advisor will assist students in the selection of PhD advisory committee members. At the successful completion of all required coursework and residency requirements, the student has the option of requesting the advisor to continue as Dissertation Chair, or to seek a different faculty to serve as Dissertation Chair. The same is true of the other committee members. DNP students are assigned an advisor to provide guidance once accepted into the program. Also, the advisor will assist students in the selection of their committee members.

Nutrition and Respiratory Therapy allows students to select committee members with the committee chair responsible for final revision approvals.

**Dissertation, Thesis, or Project Proposal Development:** Developed by student and committee chair.

**Defense Date:** The defense date should be determined based on the timeline provided by the Byrdine F. Lewis College of Nursing and Health Professions Senior Associate Dean for Academic Affairs. Each Graduate Program Coordinator or Doctoral Program Coordinator will ensure the defense date is within the timeline if the student expected to defend and graduate within the same semester.

**Notify the Office of Academic Assistance:** Thesis, Doctoral, or Project Coordinators should send a list to the appropriate Office of Academic Assistance (OAA) – Advisor through e-mail providing defense date and student intended graduation date. If graduation date change is required, please inform OAA-Advisor and instruct student to submit change of graduation form to Georgia State University Graduation Office.

**The Lewis College Website Announcement:** Two (2) weeks before the defense, the Thesis/ Dissertation/Capstone Announcement, and abstract must be submitted to the link <https://chhs.wufoo.com/forms/md41g0e04udfg4/>. The student and committee chair work together to submit the defense date with time, location, working title and student's name. The two (2) week period will allow ample time for posting to the Byrdine F. Lewis College of Nursing and Health Professions website.

**Defense Date Change:** Announcements should be updated to the web link indicating the change and mailed with "Subject Line: Defense Announcement Changed Date (new date)" because of the urgency.

All yearly announcements are displayed on the Byrdine F. Lewis College of Nursing and Health Professions website and previous years are archived.

**Announcement Approval:** Dissertation announcement for the Department of Nursing must be approved and signed by the Doctoral Program Coordinator and Major Advisor before submission. DNP project announcements must be approved by DNP Program Coordinator and submitted online at <https://chhs.wufoo.com/forms/md41g0e04udfg4/>.

Health Professions must have approval from the Department Head of Nutrition or Respiratory Therapy before submitting the thesis announcement.

The submission of defense announcements will be through a web link. All attachments to be submitted with announcements should be uploaded.

**Committee and Chair Approval Signatures:** To ensure the quality of each dissertation, thesis, or project, the appropriate signatures are required. These signatures confirm all requirements were met for the student.

***Nursing Acceptance page:***

Committee Chair and Members

Date:

Doctoral Program Coordinator

Associate Dean of Nursing

***Nutrition Acceptance page:***

Committee Chair and Members

Date:

***Respiratory Therapy Acceptance page:***

Committee Chair and Members

Date:



**Electronic Signatures:** These signatures can be obtained by using Adobe Sign (formerly EchoSign) software. Only faculty and staff of the Byrdine F. Lewis College of Nursing and Health Professions serving on a defense committee may use the service. For outside committee members, members **not** employed by Georgia State University may use the service with a minimal cost applied.

**Signature Process:** If available, assigned department administrators will have access and will route documents electronically for signature. The Chair and committee members will receive an e-mail alerting them “you have a document requesting your signature”. Committee members would be required to sign and it will be routed to the next member. The department administrator determines the signature routing process. The Office of Academic Assistance will be given overall administrative rights to run reports and ensure university and school compliance regarding users.

**Defense (Pass or Fail):** Results of a thesis, dissertation, or project defense should be sent to the Byrdine F. Lewis College of Nursing and Health Professions Senior Associate Dean for Academic Affairs and the OAA Advisor assigned for each department. You may inform the Office of Academic Assistance – Advisor through e-mail as a courtesy but “Thesis, Dissertation, or Project Results Form” must be included in the student’s file and Office of Academic Assistance file.

The committee chair or thesis/doctoral/project advisor is responsible for ensuring all information is sent no later than (3) weeks after thesis/dissertation defense or capstone presentation. The Office of Academic Assistance will record information in Banner.

The student will be required to provide a copy of the defense results for the thesis, dissertation, or project clearance to ensure they have passed. However if passed pending revisions, the committee chair will be contacted to ensure all final revisions have been approved and asked to provide electronic PDF of the manuscript.

**Committee Chair Responsibility:** Ensure candidates present a thesis, dissertation, or project of acceptable scholarship and literary quality. Also, the final electronic copy of the student’s manuscript should be reviewed and approved by signing the electronic thesis or dissertation (ETD) approval page.

**Electronic Thesis, Capstone, Projects, or Dissertation Approval:** This form should be in your dissertation manual or handbook and will be provided by The Lewis College, Office of Academic Assistance. The form must be signed by the committee chair to confirm all changes have been made and approved. Students should provide a signed form during the thesis, capstone, project, or dissertation clearance.

**Banner Manual Updates:** Academic Advisor will update Banner, not just comments, to capture required information for reporting purposes regarding the thesis, dissertation, or project for each department. It is the department and committee chair's responsibility to ensure information is correct before entering.

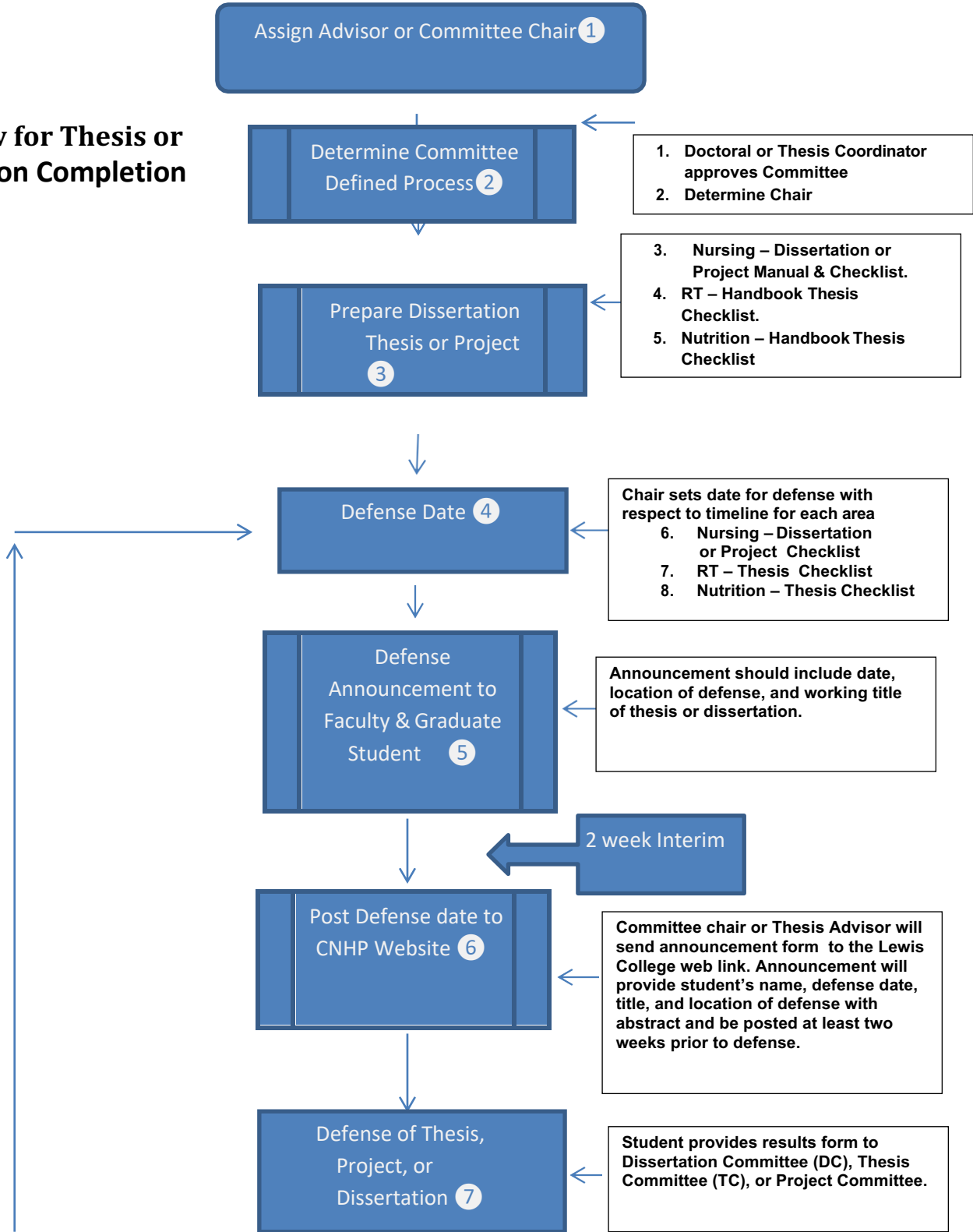
**Appointment for Thesis or Dissertation Clearance:** Students are required to make an appointment after he/she has received all committee and chair signatures, signed ETD approval form and uploaded thesis or dissertation in PDF format to Georgia State University Scholar Works. The deadline is the last day of classes in which the student is to graduate. An appointment is made through the Office of Academic Assistance. Committee chair and thesis/doctoral/DNP coordinator will be contacted when student selects an appointment after the last day of classes to avoid issues with graduation.

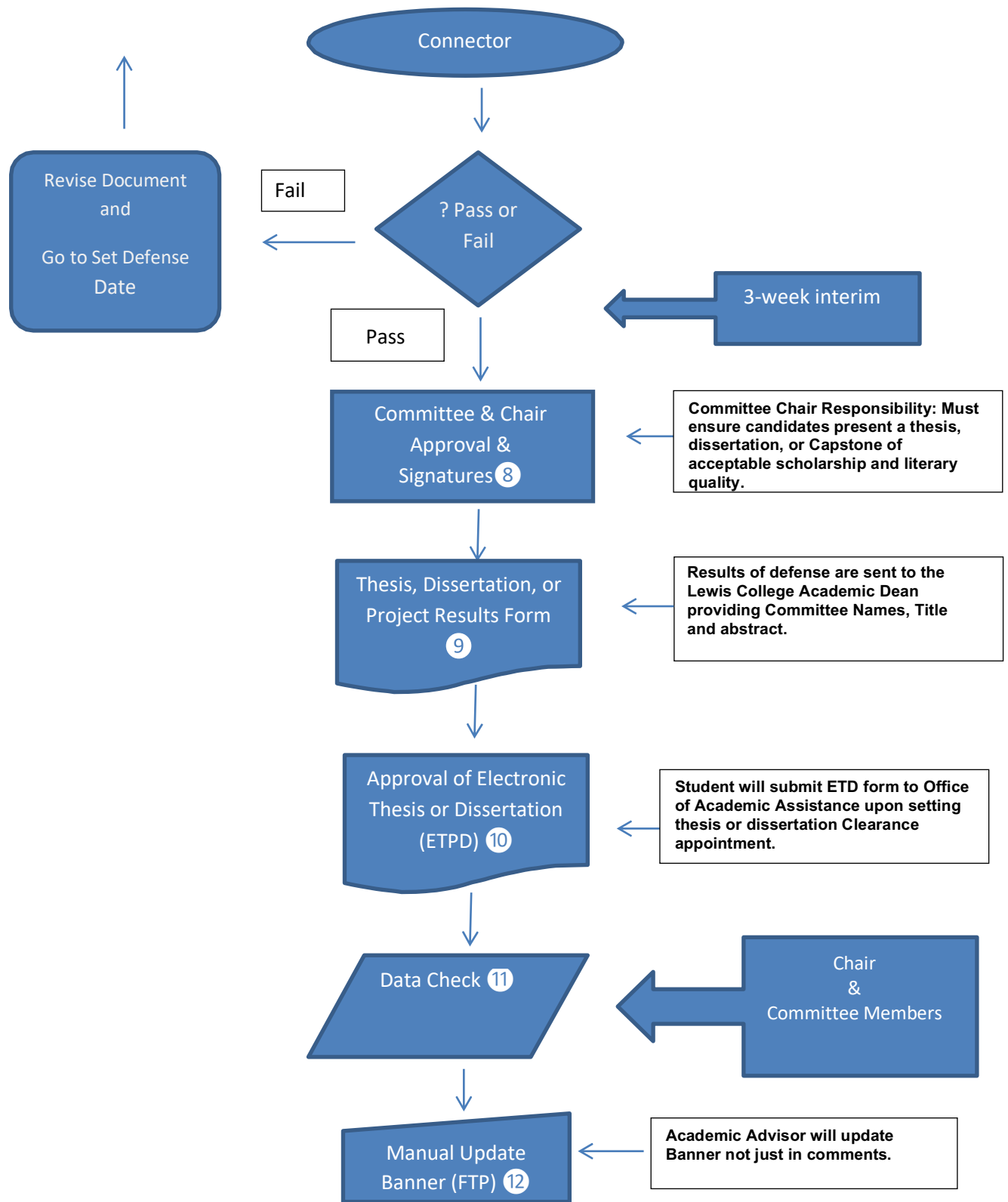
***ETD Upload:*** Does not require Acceptance Page with signatures in blue ink to be uploaded as of February 2012.

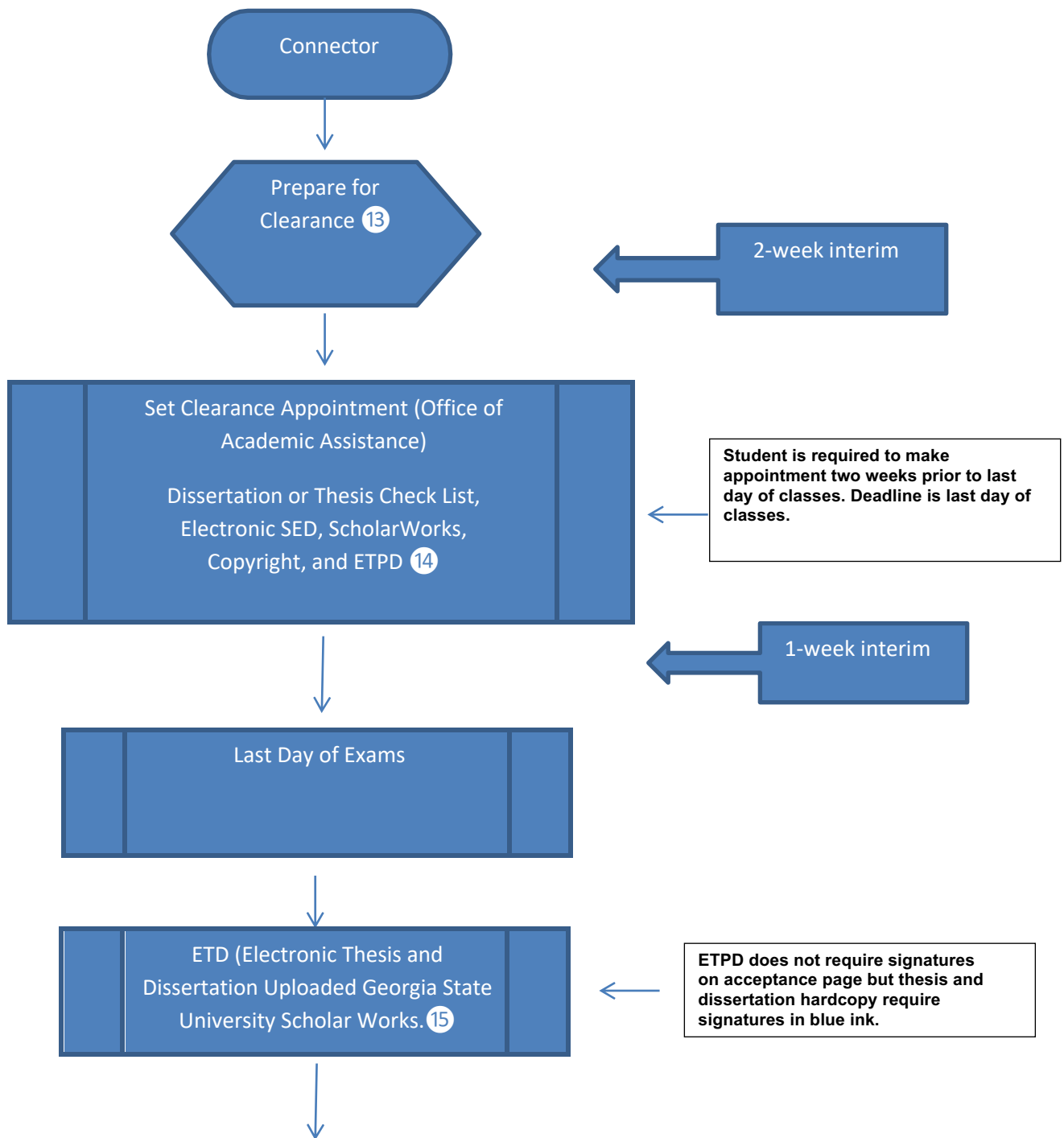
***Letter of Completion – International Student:***

A letter of completion can be issued by the Georgia State University Graduation Office when a student completes all requirements toward their degree, but did not apply to graduate on time. To receive a Letter of Completion, please submit your request in writing to the Office of the Registrar, with your name, student ID number, academic college, and the name and address of the person or entity to whom it should be mailed.

# Workflow for Thesis or Dissertation Completion







Connector



International Student  
Letter of Completion



**Student should submit request  
in writing to Office of  
Registrar.**

# Appendix A

Appointment of Committee – Health Professions

**APPOINTMENT OF COMMITTEE**

A *student's* Committee must consist of at least three (3) members: a major adviser/committee chairperson from the department who holds a doctoral degree; one member from the GSU faculty; and one member of the faculty of any institution of higher education or health-related agency.

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	CONCENTRATION/SPECIALITY AREA

The following faculty members have agreed to serve on the above-named student's Graduate Committee.

MAJOR ADVISER / COMMITTEE CHAIRPERSON	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE

APPROVALS: Signatures below indicate approval of this Graduate/Thesis Committee.

DIRECTOR, GRADUATE PROGRAM	SIGNATURE	DATE
DEPARTMENT CHAIRPERSON	SIGNATURE	DATE

This form must be submitted following the selection of the Graduate Committee. If changes are made in the composition of this Committee (generally as the thesis is begun) a new form must be filed.

File Copies: Student Department File  
 Created 11/3/97; approved 7/98; revised 6/03; 1/12



# Appendix B

Approval of Thesis Prospectus – Health Professions

To:	
From:	Thesis Committee Chairperson

**Re: APPROVAL OF THESIS PROSPECTUS**

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	CONCENTRATION/SPECIALITY AREA

The Committee of the above-named graduate student has approved a thesis prospectus entitled:
--

A copy of this prospectus or proposal is attached.

APPROVALS: Signatures below indicate approval of the attached prospectus or proposal.

MAJOR ADVISER/COMMITTEE CHAIRPERSON	DATE
COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE
DIRECTOR, GRADUATE PROGRAM	DATE
DEPARTMENT CHAIRPERSON	DATE

File Copies: Student Department File  
 Created 11/3/97; approved 7/98; revised 1/00; 6/03; 1/12

# Appendix C

Thesis Announcement – Health Professions

**Thesis Announcement**

From:	Department Head
Cc:	Graduate/Doctoral Program Coordinator Office of Academic Assistance Advisor

**RE:** Defense Date

<input type="checkbox"/> Health Professions – Nutrition Thesis <input type="checkbox"/> Health Professions – Respiratory Therapy - Thesis
--

Student Name:	Date: (i.e. January 23, 2012)	Time: (AM/PM)
Location:	Room#:	Thesis Chairperson:
Thesis Title:		
Abstract:		

Signature Department Head- Nutrition:	Signature Department Head:- Respiratory Therapy:
Committee Member	Committee Member
Committee Member	Committee Member
Committee Member	Committee Member

This form should be sent to web coordinator after approval from Department Head Nutrition/Respiratory Therapy. Created 1/31/2012, approved

# Appendix D

Results of Thesis Defense – Health Professions

**RESULTS OF THESIS DEFENSE**

To:	Associate Dean of Academics, CNHP
From:	Thesis Committee Chairperson -
Cc:	Graduate Program Coordinator Office of Academic Assistance Advisor

**RE:** Results of Thesis Defense

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	GRADUATE TRACK

THE ABOVE NAME CANDIDATE DEFENDED A THESIS ENTITLED:

THE FOLLOWING RESULTS ARE REPORTED:	<input type="checkbox"/> Successfully Defended
	<input type="checkbox"/> Successfully Defended Pending Revisions
	<input type="checkbox"/> Unsuccessful

COMMENTS:

APPROVALS: Signatures below indicate acknowledgment of results reported above.

STUDENT'S SIGNATURE	DATE	COMMITTEE MEMBER	DATE
MAJOR ADVISER/COMMITTEE CHAIRPERSON	DATE	COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE	COMMITTEE MEMBER	DATE

File Copies: Student Department File and Office of the Associate Dean for Academic Affairs  
 created 11/3/97; approved 7/98; revised 1/00; 06/03; 1/12

# Appendix E

Doctoral Advisory Committee Appointments – Nursing

**DOCTORAL ADVISORY COMMITTEE APPOINTMENTS FORM**

The Doctoral Advisory Committee (DAC) assists the student in planning an appropriate program of study, identifying residency activities, and constructs, and administers the comprehensive examination.

The DAC chair and committee members should be selected as soon as feasible, but no later than the accrual of 18 credits of course work, or one calendar year, from the undertaking of course work, whichever comes first. There will be a minimum of three committee members: a major advisor, one committee member from the College of Nursing, and non-nursing committee member from outside the College of Nursing.

\_\_\_\_\_  
 STUDENT NAME

\_\_\_\_\_  
 PANTHER ID NUMBER

\_\_\_\_\_  
 DATE ADMITTED

\_\_\_\_\_  
 AREA OF CONCENTRATION

The following faculty members have agreed to serve on the above named student's Doctoral Committee:

_____ MAJOR ADVISOR/COMMITTEE CHAIRPERSON	_____ SIGNATURE	_____ DATE
--	--------------------	---------------

_____ COMMITTEE MEMBER,	_____ SIGNATURE	_____ DATE
----------------------------	--------------------	---------------

_____ COMMITTEE MEMBER,	_____ SIGNATURE	_____ DATE
----------------------------	--------------------	---------------

_____ COMMITTEE MEMBER,	_____ SIGNATURE	_____ DATE
----------------------------	--------------------	---------------

_____ COMMITTEE MEMBER,	_____ SIGNATURE	_____ DATE
----------------------------	--------------------	---------------

**APPROVALS: Signatures below indicate approval of this Doctoral Advisory Committee.**

_____ Doctoral Program Coordinator	_____ SIGNATURE	_____ DATE
---------------------------------------	--------------------	---------------

**Submit this form to the Doctoral Program Coordinator.**



# Appendix F

Doctoral Dissertation Committee Appointments Form – Nursing

**DOCTORAL DISSERTATION COMMITTEE APPOINTMENTS FORM  
 GEORGIA STATE UNIVERSITY  
 BYRDINE F. LEWIS COLLEGE OF NURSING AND HEALTH PROFESSIONS**

The Dissertation Committee will guide the student during the dissertation process and will judge the acceptability of the dissertation. There will be a minimum of three committee members: a major advisor, one committee member from the School of Nursing, and one non-nursing committee member from outside the School of Nursing. The Chair of the committee must hold full graduate faculty status.

Student's Name: \_\_\_\_\_ Panther ID Number: \_\_\_\_\_

The following faculty members have agreed to serve on the above named student's Dissertation Committee.

Major Advisor/Committee Chairperson	Signature	Date
Committee Member, School of Nursing	Signature	Date
Committee Member, Department	Signature	Date
Committee Member, Department	Signature	Date
Committee Member, Department	Signature	Date

**Approval: Signatures below indicate approval of this Dissertation Committee.**

Doctoral Program Coordinator	Signature	Date
------------------------------	-----------	------

***Submit this form to the Administrative Coordinator for the PhD Programs***

.

# Appendix G

Approval of Dissertation Proposal Form – Nursing

**APPROVAL OF DISSERTATION PROPOSAL FORM  
GEORGIA STATE UNIVERSITY  
BYRDINE F. LEWIS COLLEGE OF NURSING AND  
HEALTH PROFESSIONS**

TO: \_\_\_\_\_  
Doctoral Program Coordinator

FROM: \_\_\_\_\_ Date \_\_\_\_\_  
Major Advisor

\_\_\_\_\_  
Student's Name Panther ID Number

\_\_\_\_\_  
Date Admitted Area of Concentration

The Doctoral Committee of the doctoral student named above has approved a dissertation proposal entitled:

\_\_\_\_\_  
**A copy of this proposal is attached.**

**Approvals: Signatures below indicate approval of the attached dissertation proposal and recommendation to candidacy for the Ph.D. Degree.**

\_\_\_\_\_  
Major Advisor Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Doctoral Program Coordinator Date

***Submit this form to the Doctoral Program Coordinator.***

# Appendix H

Change in Doctoral Committee Appointments Form – Nursing

**CHANGE IN DOCTORAL COMMITTEE APPOINTMENTS FORM GEORGIA STATE UNIVERSITY  
BYRDINE F. LEWIS COLLEGE OF NURSING AND HEALTH PROFESSIONS**

TO: \_\_\_\_\_  
Doctoral Program Coordinator      Date \_\_\_\_\_

FROM: \_\_\_\_\_  
Doctoral Student

RE:            (Check One)    Change in:      Doctoral Advisory Committee Appointments  
  Change in:      Dissertation Committee Appointments

Student's Name: \_\_\_\_\_

Previous Committee

New Committee

\_\_\_\_\_  
Major Advisor

\_\_\_\_\_  
Major Advisor

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

**Signatures below indicate approval of this new Doctoral Committee.**

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_

New Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

New Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

New Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

New Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Doctoral Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

# Appendix I

Dissertation Defense Announcement – Nursing

<b>To: Web Coordinator</b>
<b>From: Committee Chair/Major Advisor</b>

**GEORGIA STATE UNIVERSITY  
BYRDINE F. LEWIS COLLEGE OF NURSING AND HEALTH  
PROFESSIONS  
Dissertation Defense or Capstone Announcement**

Student Name	Date	Time	Place
Title of the Study			
Dissertation Committee Member	Department		College
Dissertation Committee Member	Department		College
Dissertation Committee Member	Department		College
Dissertation Committee Member	Department		College
Major Advisor	Signature		Date
Doctoral Program Coordinator	Signature		Date

**ABSTRACT**

[Original form may be obtained from Office of Records and Information or the Byrdine F. Lewis College of Nursing website]

This form should be sent to web announcement link upon receiving all signatures.



# Appendix J

Results of Dissertation Defense or Capstone – Nursing

**RESULTS OF DISSERTATION DEFENSE OR CAPSTONE**

To:	Associate Dean of Academics, CNHP
From:	Doctoral Committee Chairperson -
Cc:	Doctoral Program Coordinator Office of Academic Assistance Advisor

**RE:** Results of Thesis Defense

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	GRADUATE TRACK

THE ABOVE NAME CANDIDATE DEFENDED A DISSERTATION ENTITLED:

THE FOLLOWING RESULTS ARE REPORTED:	<input type="radio"/> Successfully Defended
	<input type="radio"/> Successfully Defended Pending Revisions
	<input type="radio"/> Unsuccessful

COMMENTS:

APPROVALS: Signatures below indicate acknowledgment of results reported above.

STUDENT'S SIGNATURE	DATE	COMMITTEE MEMBER Printed Name and Signature	DATE
MAJOR ADVISER/COMMITTEE CHAIRPERSON Printed Name and Signature	DATE	COMMITTEE MEMBER	DATE
COMMITTEE MEMBER Printed name and signature	DATE	COMMITTEE MEMBER	DATE

File Copies: Student Department File and Office of the Associate Dean for Academic Affairs  
 Created 1/3/12

# Appendix K

Electronic Thesis/Dissertation (ETPD) Approval Page – Office of Academic Assistance

Byrdine F. Lewis College of Nursing and Health Professions  
 Georgia State University  
 Office of Academic Assistance

To:	Office of Academic Assistance - CNHP
From:	Committee Chairperson -
Cc:	Graduate or Doctoral Program Director

**Subject: Electronic Thesis/Dissertation (ETD) Approval Page**

<input type="checkbox"/> Thesis	<input type="checkbox"/> Dissertation	<input type="checkbox"/> Capstone/Project
---------------------------------	---------------------------------------	---

was prepared under the direction of the candidate's committee. It has been approved and accepted by all members of that committee, and it has been accepted in partial fulfillment of the requirements for the degree program of

<input type="checkbox"/> Nursing	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Respiratory Therapy
----------------------------------	------------------------------------	--

in the Byrdine F. Lewis College of Nursing and Health Professions of Georgia State University. A final revision has been reviewed in its electronic format and is now ready for uploading to the Georgia State University Scholar Works for the following student.

Student's Full Name		Student ID Number:
Committee Chairperson:	Program Advisor:	Defense Date:
Final Thesis/Dissertation Title:		

<p><b>Student Instructions:</b></p> <ul style="list-style-type: none"> <li>E-mail Committee Chairperson electronic PDF file for final review before submitting to Scholar Works.</li> <li>Student will upload manuscript as PDF file to Georgia State University Scholar Works after <b>final revisions</b> are complete with approval by committee chairperson</li> <li>Student should provide copy of form to submit to Office of Academic Assistance for Thesis or Dissertation Clearance</li> </ul>	<p><b>College/Department only</b></p> <p>Review of the electronic document is important to ensure a quality manuscript is recorded in Georgia State University's Scholar Works Library. Student should be requested to submit final manuscript to Committee Chairperson as a PDF via e-mail. The e-mail should contain in subject line "Manuscript for Review" and body of e-mail the intended semester and year of graduation.</p> <p>The assigned Committee Chairperson is the only one who may sign as ETD approver. Signature below indicates approval of electronic dissertation reported above.</p> <p>ETD Approver Printed Name: _____</p> <p>ETD Approver Signature: _____ Date: _____</p>
---	--

File Copies: Student File, Office of Academic Assistance approved

Created: 1/18/12

# Appendix L

Author's Statement Page – Nursing

## AUTHOR'S STATEMENT

In presenting this thesis as a partial fulfillment of the requirements for the advanced degree from Georgia State University, I agree that the library of Georgia State University shall make it available for inspection and circulation following its regulations governing materials of this type. I agree that permission to quote, to copy from, or to publish this thesis may be granted by the professor under whose direction it was written, by the Byrdine F. Lewis College of Nursing and Health Professions director of graduate studies and research, or by me. Such quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publication of this thesis which involves potential financial gain will not be allowed without my written permission.

---

Signature of Author

# Appendix M

Acceptance Page Example – Nursing

## ACCEPTANCE

This thesis, [ENTER TITLE], by [ENTER STUDENT NAME] was prepared under the direction of the Master's Thesis Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Master of Science in the Byrdine F. Lewis College of Nursing and Health Professions, Georgia State University. The Master's Thesis Advisory Committee, as representatives of the faculty, certify that this thesis has met all standards of excellence and scholarship as determined by the faculty.

\_\_\_\_\_  
[NAME]  
Committee Chair

\_\_\_\_\_  
[NAME]  
Committee Member

\_\_\_\_\_  
[NAME]  
Committee Member

\_\_\_\_\_  
Date



# Appendix N

Request to Embargo Dissertation or Thesis

## Request to Embargo Dissertation or Thesis

Student's Name: \_\_\_\_\_ Panther ID#: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Semester: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

Title of Document: \_\_\_\_\_

\_\_\_\_\_

### ETD Release Options:

- Full Public Access
- Campus Embargo – limited embargo of ETDs which restricts access to the public, however, the ETS will be available to individuals that have campus access. Outside of campus, individuals will be able to see the author, title, and abstract of the dissertation or thesis.
- Full Embargo – full embargo of ETD and no one will have access to works in this category. Author, title and abstract will not appear in any search results.

Please state the option and reason for your request. This allows for a one-year embargo on posting of dissertation/thesis to *ScholarWorks*:

**NOTE: Abstracts are available for download regardless of embargo status.**

### Approvals:

Advisor: \_\_\_\_\_

Associate Dean for Academic Affairs: \_\_\_\_\_

Date: \_\_\_\_\_

AD-AA/AA/Request

## **NOTES**