

APPROVAL OF DISSERTATION PROPOSAL

Student's Name: _____ SID _____

Qtr/Yr Committee Approval: _____

Title of Dissertation Proposal: _____

Please attach a copy of the approved proposal

Name:	Signature:	Approved:
_____	_____	___ Yes ___ No Date _____
Chair		

_____	_____	___ Yes ___ No Date _____
Member		

_____	_____	___ Yes ___ No Date _____
Member		

Graduate Advisor

Received Date

COMMENTS: