

DISSERTATION PROPOSAL APPROVAL

Name of Student _____

Title of Doctoral Dissertation _____

Date _____

Dissertation Committee

Advisor: Name _____ Signature _____ Date _____

Member: Name _____ Signature _____ Date _____

Member: Name _____ Signature _____ Date _____

Outside Member: Name _____ Signature _____ Date _____

Signature of Graduate Director _____ Date _____