

**DOCTORAL DISSERTATION**

**Proposal Approval Form**

Student Name:      Student ID Number:

Department:        Date of Proposal Defense:

I am a member of the above student’s Dissertation Committee, and have participated in the defense of the dissertation proposal. (Check all boxes that apply) Approve Disapprove

Name

Signature Date

Name

Signature Date

Name

Signature Date

Name

Signature Date

Comments from the Committee

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