

**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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