



Dissertation Proposal Approval Form

Name **S.I.D.**

Local Mailing Address

Graduate Major **Graduate Minor**

Tentative Title:

Typed Name: _____ **Signature:** _____ **Date** _____
Major Professor

Committee Member _____ **Date** _____

Committee Member _____ **Date** _____

Committee Member _____ **Date** _____

Committee Member _____ **Date** _____

Associate Dean (ATCoFA) _____ **Date** _____

Dean (ATCoFA) _____ **Date** _____

**Associate Vice President for
Graduate Studies and Research** _____ **Date** _____