

**Dissertation Proposal  
Approval Form**

**Student Information:**

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Name

\_\_\_\_\_

Student I.D. Number

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Address

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E-mail

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Submission Date

**Proposal Title:** \_\_\_\_\_

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**Dissertation Committee Approval:\***

\_\_\_\_\_

Name (Chair)

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Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

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Date

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Name

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Signature

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Date

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Name

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Name

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Signature

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Date

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Signature Director of Ph.D. Program\*\*

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Date

\* Signature implies that committee accepts dissertation proposal.

\*\* Signature implies approval of committee and topic.