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Dissertation Proposal Approval Form

Name: _____

Major: _____ **Department:** _____

Dissertation Title: _____

Approval for Dissertation Proposal Requirements for Doctor of Philosophy

Dissertation Committee Chair

Signature _____ Date _____

Printed Name _____

Dissertation Committee Members

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Office of Graduate Student Services, Bouvé College of Health Sciences

Signature _____ Date _____

Printed Name _____