

**DISSERTATION PROPOSAL  
APPROVAL FORM**

Date Proposal approved: \_\_\_\_\_

Student Name (print): \_\_\_\_\_

Program: \_\_\_\_\_

Proposed Dissertation Title:  
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We, the undersigned, have read this dissertation proposal and recommend its acceptance.

\_\_\_\_\_  
Printed Name of Chair

\_\_\_\_\_  
Signature of Chair

\_\_\_\_\_  
Printed Name of Member

\_\_\_\_\_  
Signature of Member

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Printed Name of Member

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Signature of Member

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Printed Name of Member

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Signature of Member

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Printed Name of Member

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Signature of Member

**PLEASE SUBMIT SIGNED AND DATED FORM TO CONNIE OGLE (312C)**