

COVER SHEET FOR DISSERTATION PROPOSAL

From: _____
Student Name

Concentration/Emphasis: _____

Dissertation Advisor: _____

Proposal Title: _____

ENDORSEMENT OF PROPOSAL

1. Dissertation Advisor:

Signature Printed Name Date

2. Committee Member:

Signature Printed Name Date

3. Committee Member:

Signature Printed Name Date

4. Committee Member (if applicable):

Signature Printed Name Date

Please indicate the committee's decision below:

- Pass (no revisions required) Revisions required

Note: If revisions are required, the dissertation proposal hearing milestone will be marked as "in progress" until the student submits written confirmation to the Doctoral Programs Officer that revisions have been completed