

Dissertation Proposal Meeting

Name of Candidate: _____

Date of Dissertation Proposal Meeting: _____

Dissertation Title: _____

Dissertation Proposal Approved by: _____

Major Area: _____

Minor Area: _____

_____	_____	_____
Chairperson (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

Please return this form to Graduate Coordinator when it is completed.