GRADUATE SCHOOL OF EDUCATION

APPROVAL OF THE DOCTORAL DISSERTATION PROPOSAL

Candidate: ___________________________ FIDN: ___________________________

Degree: PhD EdD

Academic Unit: CLAIR C&T ELAP PES

TITLE OF APPROVED DISSERTATION PROPOSAL: ___________________________

_____________________________________________________________________

_____________________________________________________________________

MENTOR: ___________________________ Date: __________

(signature) (printed name)

READER: ___________________________ Date: __________

(signature) (printed name)

READER: ___________________________ Date: __________

(signature) (printed name)

DISSERTATION SEMINAR (signatures):

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

DATE OF IRB APPROVAL (approval attached): __________

DIVISION CHAIRPERSON: ___________________________ Date: __________

(signature)

**PLEASE PROVIDE A COPY OF THIS FORM TO THE ASST. DEAN OF ADMINISTRATIVE SERVICES.**

(DD-1 rev. 11/14)