FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK

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)