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: ________________________________

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__________________________________________________________________________

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.**