



EVALUATION OF DISSERTATION PROPOSAL

Student Name: _____ **Date:** _____

Dissertation Title: _____

Advisor's Name: _____

Member Name	Member Signature	Approve	Disapprove

COMMITTEE RECOMMENDATIONS (COMMITTEE SHOULD SUMMARIZE FEEDBACK BELOW):

Return to Program Administrator, 1462 Clifton Building, Suite 300A
****Email a pdf of proposal to Program Administrator the week of your meeting. ****