

APPROVAL OF DISSERTATION PROPOSAL



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

Memo to: Chair, SOE Academic Council

From: _____ (Signature, Chair of Department of EAPS)

Date: _____

Subject: Approval of Dissertation Proposal

Student Name			
Student ID Number			
Address			
City		State	Zip
Phone (Home)	()	Phone (Work)	()
Email			

Title of Approved Dissertation Proposal:

The signature below certify that the dissertation proposal submitted by the above named student has met the requirements specified by this department.

As required by the School of Education doctoral regulations, a complete, final copy of the approved dissertation proposal is attached.

Title	Faculty Name	Department	Signature
Chair			
Member			
Member			
Member			

Readers: _____

Recorded by SOE Academic Council:

Signature, Chair of SOE Academic Council

Date

Instruction: Complete this form and send original and 1 copy to the Chair, SOE Academic Council. The original will be returned; the copy will be filed by the Academic Council.

cc: Department File
Advisor
Student