

Approval of Dissertation Proposal

Date: _____

Subject: Approval of Dissertation Proposal

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

Title of Approved Dissertation Proposal:

Date/Time of Proposal Defense: _____

Location of Proposal Defense: _____

The signatures below certify that the dissertation proposal submitted by the above named student has met the requirements specified by the College of Computing and Information. As required by the College doctoral regulations, a complete and final copy of the approved dissertation proposal is attached.

Dissertation Committee Members

Title	Faculty Name	Department	Signature	Date
Chair				
Member				
Member				
Member				

Complete this form and send original and 1 copy to:

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College of Computing and Information
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