

**SCHOOL OF NURSING DOCTORAL PROGRAM
DISSERTATION PROPOSAL APPROVAL**

Student Name: _____

Proposed Dissertation Title: _____

We have read and approved the above student's dissertation proposal.

Committee Chair: _____

Chair Signature: _____ Date: _____

Graduate School Representative: _____

GSR Signature: _____ Date: _____

Committee Member : _____

Member Signature: _____ Date: _____

Committee Member: _____

Member Signature: _____ Date: _____

Committee Member: _____

Member Signature: _____ Date: _____

Submit this approved Dissertation Proposal Form to
Academic Services (Room T-310) immediately following approval.