



Approval of Dissertation Proposal

STUDENT INFORMATION:

Name: _____ Student Z# _____
Last First Middle

Address: _____
Street City State Zip Code

Phone (home): _____ Phone (work): _____

Phone (cell): _____ FAU Email: _____

Alternate Email: _____

PROPOSAL:

DATE OF PROPOSAL MEETING: _____

Dissertation Title: _____

<p>PROPOSAL WAS:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved with Modification</p> <p><input type="checkbox"/> Approved with Major Modification</p> <p><input type="checkbox"/> Denied</p>

<p><i>COMMENTS ON BACK</i> →</p>

APPROVALS DISSERTATION COMMITTEE:

Chair of Committee: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of CCEI Department Chair: _____ Date: _____