

Student's Name _____

Student ID: _____

Area of Study: _____

Proposed Title

Date defended in colloquium: _____

Dissertation Committee Signatures:

Supervisor _____

Committee _____

Committee _____

Action of the Assistant to the Director of Research Doctoral Studies:

Coursework Audit Complete: Yes No Action needed: _____

Action of the Director of Research Doctoral Studies:

Approved: _____

Approved with the following title change:

Additional Comments:

