

**APPROVAL OF THESIS/DISSERTATION/DOCTORAL PROJECT TITLE**

**To be completed by the student** (Please Type):

Student Name:

Student ID:

Degree & Program:

Email:

Phone:

I submit for approval the following description of my Thesis/Dissertation/Project:

1. Tentative title:
  
  
  
2. Problems, including subordinate questions to which answers must be sought:
  
  
  
  
  
  
  
  
  
  
3. Proposed procedure and sources of data (This must include a “canvass of the literature.”):

Student Signature:

Date:

**Approvals** (Please Type):

Committee Chairperson

Signature

Date:

Member

Signature

Date:

Member

Signature

Date:

Member

Signature

Date:

Department Head

Signature:

Date:

Academic Dean

Signature:

Date:

Dean for Graduate Studies

Signature:

Date