

**Department of Educational Specialties**  
**Dissertation Proposal Approval**  
**Ph.D. and Ed.D. Programs**

Name \_\_\_\_\_ Candidate for \_\_\_\_\_ degree

In (degree program) \_\_\_\_\_

Tentative Title of Dissertation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures of the dissertation committee members constitute approval of the proposal as of the date signed, except for qualifications and additional requirements noted below:

Committee Approval:

\_\_\_\_\_  
Chair Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Copies to: Department, Committee Chair, Candidate