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DISSERTATION PROPOSAL APPROVAL FORM

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree: _____ Major: _____

Tentative title of dissertation:

Purpose of the Study:

This dissertation proposal has been approved by the following advisory/dissertation committee:

By signing this, I certify that this student is prepared to conduct independent dissertation research and writing.

Use Dropdown for Co-Chair

Chair's Signature: _____

Print Name: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Department Head or
Director of Graduate Study: _____ Date: _____

Original to student file
Email: Department Head or Director of Graduate Study
Committee Chair
Administrative Assistant

Student