



## Dissertation Proposal Completion

Doctoral Student's name: \_\_\_\_\_ Student #: \_\_\_\_\_

Dissertation Topic/Title: \_\_\_\_\_

<b>Comments:</b>			
<b>Result:</b>		<i>PASSED</i>	<i>NOT PASSED</i>
<b>Eligibility for Dissertation Proposal Award:</b>	Yes      No	<i>Date:</i>	

<b>Signature of Advisory Committee Members</b>	<b>Date confirmed:</b>
<i>Supervisor</i>	
<i>Co-supervisor (if applicable)</i>	
<i>Committee Member</i>	
<i>Committee Member (if no co-supervisor)</i>	

<b>Admin use only:</b>	
<i>Name of Graduate Program Director</i>	
<i>Signature of Graduate Program Director</i>	<i>Date:</i>