



Dissertation Proposal Approval Form

The members of the dissertation committee of _____
Student's Name

Have met and agree that the following proposal has sufficient merit for the study to be conducted:

Proposal Title:

Name of Chairperson (*Print*) _____
Chairperson's signature _____
Date

Name of Member (*Print*) _____
Member's signature _____
Date

Name of Member (*Print*) _____
Member's signature _____
Date

Name of Member (*Print*) _____
Member's signature _____
Date

NOTE: This form is to be completed and returned to the Division of Nursing Science within 10 days of the Committee Approval Meeting.

Date Received: _____