

APPROVAL OF DISSERTATION PROPOSAL

STUDENT		Z-Number
Name:		Z
Address:		
Phone (H):	Phone (W):	
E-Mail:	FAX:	
PROPOSAL		
Date of Proposal Meeting: _____	Proposal was: <ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modification <input type="checkbox"/> Approved with Major Modification <input type="checkbox"/> Denied 	
COMMENTS ON BACK →		
Dissertation Title:		
Supervisory Committee:	_____ <div style="text-align: right; margin-right: 50px;">Chair</div> _____ _____ _____	
THE INSTITUTIONAL REVIEW BOARD (IRB)		
IRB Form Completed on: _____ <small style="text-align: center;">Date</small>	IRB Approval Received on: _____ <small style="text-align: center;">Date</small>	
Principal Investigator:		
The candidate is authorized to begin research as of _____ <small style="text-align: center;">Date</small>		
_____	_____	_____
<small>Signature Student</small>	<small>Date</small>	<small>Signature Department Chair, Educational Leadership</small>
		<small>Date</small>