

Dissertation Pre- Defense Approval Form

Student: Please complete and return form to the Program Coordinator with proper signatures.

Student Name _____ Student ID# U _____

Class: _____

Title of dissertation _____

Please attach a short abstract.

Committee Approval

We have studied this dissertation and certify that it is developed sufficiently to schedule a defense.

1. Committee Advisor/Chair Signature _____ Date _____

2. Committee Member Signature _____ Date _____

3. Committee Member Signature _____ Date _____

Office Use Only

Date Processed _____ By _____