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_____