

APPROVAL OF DISSERTATION TITLE

Date _____

Student's Name _____ (Please Print) T-Number _____ (Signature)

Email Address _____

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Major _____

Degree Sought _____

Dissertation Title _____

Student Signature _____

Approved By:

Dissertation Advisor _____
(signature)

Head of Major Department _____
(signature)

Dean, College/School _____
(signature)

Filed in Graduate Office:

Dean, Graduate School _____
(signature)