

DISSERTATION PROPOSAL REVIEW

Name (Please Print) _____
Program Concentration

Argosy University ID Number _____
Date

Dissertation Proposal Title _____

The attached dissertation proposal is approved by the doctoral dissertation committee:

Date of Hearing

Committee Chair _____
Signature _____
Date

Second Member _____
Signature _____
Date

Third Member _____
Signature _____
Date

Fourth Member (Optional) _____
Signature _____
Date

A copy of this form and a final procedures packet will be mailed to you when your proposal is approved by the Department Head.

*Copy sent to Committee and student;
Final Packet sent to student*

*Initial _____
Date*