

**RECOMMENDATION FOR APPROVAL OF
DISSERTATION PROPOSAL**

Date: _____

Student Name: _____

Program: _____

Proposed Dissertation Title:

We, the undersigned, have read this dissertation proposal and recommend its acceptance.

Printed Name of Chair

Signature of Chair

Printed Name of Member

Signature of Member

Printed Name of Member

Signature of Member

Printed Name of Member

Signature of Member

Printed Name of Member

Signature of Member

PLEASE SUBMIT SIGNED AND DATED FORM TO CONNIE OGLE (312D)