

APPROVAL OF PREDISSSERTATION RESEARCH

Predissertation Research Accepted: _____
Date

Student Name (please print) Social Security Number

Title of Predissertation Research:

Accepted by:

Major Professor: _____
Signature Print or Type Name

and

Second Reader: _____
Signature Print or Type Name

or

Accepted for Publication in Refereed Journal (substitute for Second Reader only):

Citation: _____

AND/OR (REFER TO PROGRAM GUIDELINES):

Conference submission (organization, date): _____

RETURN SIGNED AND DATED FORM ALONG WITH A COPY OF PREDISSSERTATION RESEARCH PROJECT TO CONNIE OGLE (312D)