

General Information

Student's Name: _____ Date: _____
 Graduate Program: _____ Degree Sought: _____
 Proposed Title of Project: _____

Major Advisor and Committee Approval Signatures

Major Advisor Approval: The Major Advisor must indicate his/her approval before the student may circulate this proposal to the other members of the Advisory Committee.

Major Advisor	Signature	Date
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Advisory Committee Approval: If you approve the attached Research Proposal, type and sign your name in the space indicated below:

Advisory Committee Member	Signature	Date
Advisory Committee Member	Signature	Date
Advisory Committee Member	Signature	Date
Advisory Committee Member	Signature	Date
Advisory Committee Member	Signature	Date

Additional Signatures

Department Chair <i>(or Associate Dean for Academic Affairs in Nursing)</i>	Signature	Date
Program Director	Signature	Date
MD/PhD Director <i>(for MD/PhD students)</i>	Signature	Date
Dean, The Graduate School	Signature	Date

A copy of the proposal must be submitted to the Dean of The Graduate School with this form.