



DISSERTATION PROPOSAL APPROVAL FORM

STUDENT INFORMATION

Name _____ myUTSA ID _____

Department _____ College _____

Title of Dissertation Proposal _____

DISSERTATION COMMITTEE MEMBERS

Chair, Signature _____ Print Name _____ Department _____

Member, Signature _____ Print Name _____ Department _____

Member, Signature _____ Print Name _____ Department _____

Member, Signature _____ Print Name _____ Department _____

Outside Member, Signature _____ Print Name _____ Department _____

DOCTORAL PROGRAM COMMITTEE ACTION

Doctoral Program Committee Review Date: _____

Doctoral Program Committee Chair, Signature _____ Print Name _____

Department Chair, Signature _____ Print Name _____

Associate Dean of the College, Signature _____ Print Name _____

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Disapprove Dissertation Proposal.

Vice Provost and Dean of The Graduate School, Signature

Date