

The University of Texas at San Antonio
One UTSA Circle | San Antonio, Texas 78249

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 _____
Date

Attachments:

1] Dissertation Proposal