

UNIVERSITY OF LOUISVILLE
College of Education & Human Development
Thesis/Dissertation Proposal Approval Form

Thesis

Dissertation

Date: _____

Student Name: _____

Student ID #: _____

Department: _____

Major Subject Field: _____

Committee Members

	<u>NAME</u> (typed or printed)	<u>DEPARTMENT</u>	<u>Signature as Approval</u>
1.	_____	_____	_____
	(Principal Advisor)		
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

 Department Chair

 Date

 Associate Dean of Research and Graduate Studies
 College of Education & Human Development

 Date

- () Approved with no changes required
- () Approval conditional upon revisions being made by Thesis/Dissertation Chair and Candidate