

**UNIVERSITY OF LOUISVILLE**  
**College of Education & Human Development**

## Proposal Approval Form

☐ **Master's Thesis**      ☐ **Doctoral Dissertation/Capstone**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Major Subject Field: \_\_\_\_\_  
Student ID#: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

**----Committee Members----**

<u><b>NAME</b></u> (typed or printed)	<u><b>DEPARTMENT</b></u>	<u><b>SIGNATURE &amp; DATE</b></u>
1. _____ (Principal Advisor)	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Dean of Graduate Studies

\_\_\_\_\_  
Date

- ( ) Approved - no changes required
- ( ) Pending - revisions being made by Thesis/Dissertation Chair and Candidate
- ( ) Approved - changes made by Thesis/Dissertation Chair and Candidate