

Instructions: Complete this form and submit with your dissertation proposal within 30 days of approval by your Dissertation Committee.

Proposal Approval Date: / /

SECTION I: STUDENT INFORMATION

Name (Last, First and Middle)		TUId
Current Mailing Address (including City, State and Zip Code)		
Home Telephone () -	Temple E-mail	
School/College	Program	Degree

SECTION II: INSTITUTIONAL REVIEW BOARD (IRB) INFORMATION

This study uses: no animals no humans.

If animals or humans *are* used, IRB approval or your request to the IRB for approval must be attached.

SECTION III: APPROVAL SIGNATURES OF DISSERTATION ADVISORY COMMITTEE

I/We hereby certify by signing below that I/we have read and approved this student's dissertation proposal.		
Signature of Dissertation Advisory Chair	Name of Dissertation Advisory Chair	Date / /
Signature of Committee Member 1	Name of Committee Member 1	Date / /
Signature of Committee Member 2	Name of Committee Member 2	Date / /
Signature of Committee Member 3	Name of Committee Member 3	Date / /
Signature of Committee Member 4	Name of Committee Member 4	Date / /

SECTION IV: DEPARTMENTAL APPROVAL OF DISSERTATION ADVISORY COMMITTEE COMPOSITION

Signature	Name	Position	Date / /
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Return completed form to:
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