



THE UNIVERSITY OF CHICAGO GRADUATE SCHOOL OF BUSINESS
Ph.D. Program Office
(773) 702-7298

Form #2

CURRICULUM PAPER OUTLINE APPROVAL FORM

(Student's name - please print)

(Tentative title of paper)

Faculty Member #1

I approve of the outline as submitted to me, and I agree to work with the student throughout the autumn quarter of _____ (year).

Name (*print*) _____

Signature _____

Date _____

Faculty Member #2

I approve of the outline as submitted to me, and I agree to work with the student throughout the autumn quarter of _____ (year).

Name (*print*) _____

Signature _____

Date _____