

This form must be completed and submitted to GSAS by the department or doctoral program.

STUDENT NAME Last: _____ First: _____		STUDENT UNI _____	M <input type="checkbox"/> F <input type="checkbox"/>
DOCTORAL PROGRAM _____	<input type="checkbox"/> ICLS	STUDENT PID/ID NUMBER _____	
AREA OF SPECIALIZATION _____			
DISSERTATION SPONSOR _____	CO-SPONSOR (if applicable) _____		

TITLE OF PROPOSED DISSERTATION _____	
DATE OF EVALUATION _____	CHECK HERE IF THE PROPOSAL IS A REQUIREMENT FOR THE M.PHIL. <input type="checkbox"/>

List the members of the Dissertation Proposal Committee:

COMMITTEE MEMBER _____	EMAIL _____
DEPARTMENT _____	PHONE _____ UNI _____
COMMITTEE MEMBER _____	EMAIL _____
DEPARTMENT _____	PHONE _____ UNI _____
COMMITTEE MEMBER _____	EMAIL _____
DEPARTMENT _____	PHONE _____ UNI _____

By signing in the “YES” column below, the members of the Dissertation Proposal Committee approve the proposal indicated above, agreeing that it meets all program requirements and is acceptable in both its content and its timetable for completion.

The members voting “YES” thus recommend that the candidate proceed according to the approved proposal and under the supervision of the Dissertation Sponsor named above.

SIGNATURES OF COMMITTEE MEMBERS VOTING “YES”

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SIGNATURES OF COMMITTEE MEMBERS VOTING “NO”

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<p><i>For GSAS use</i></p> <p>APPROVED _____</p> <p>DATE _____</p>
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