

Graduate School
WICHITA STATE UNIVERSITY

Dissertation Proposal/Design Approval Form

Candidate's Name: _____ Date _____ Exam Location _____

Candidate's *myWSU* ID number: _____

Title Proposed for Dissertation: _____

Dissertation Chair/Supervisor: _____

COMMITTEE ACTION

Approve (Print Name)	Approve with Conditions Noted on the Reverse Side (Print Name)	Do Not Approve Reasons Noted on Reverse Side (Print Name)

The undersigned members of the Dissertation Proposal/Design Examination Committee

Signature, Dissertation Chair

Signature, Member

Signature, Member

Signature, Member

Signature, Member

certify that they have reviewed the proposal for the dissertation and have examined this student over his/her ability to carry out the necessary research and writing. The signatures below indicate Committee approval, disapproval, or conditions as noted relative to the research as proposed leading to an acceptable dissertation and the perceived ability of the candidate to carry out this research. Signatures do not pertain to substantive changes in the research design, which may arise in the course of the research, nor do they preempt the privilege of normal interrogation during the candidate's oral final defense of the completed study.

Conditions:

Reasons for Disapproval:
