

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”

SIGNATURES OF COMMITTEE MEMBERS VOTING “NO”

For GSAS use

APPROVED _____

DATE _____