



STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE SCHOOL

Dissertation Proposal Approval Form

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Name	SID
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Local Mailing Address	
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Graduate Major	Graduate Minor

**Dissertation
Title:**

Typed Name:

Signature:

Major Professor

Date

Committee Member

Date

Committee Member

Date

Committee Member

Date

Academic Unit Head

Date

Dean

Date

Dr. Pauline Sampson

Dean of Research and Graduate Studies

Date

****All committee members must hold approved Graduate Faculty status.**

This form must be forwarded to the Dean of Graduate School after all above signatures are obtained.