



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:**

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**Typed Name:**

**Signature:**

\_\_\_\_\_  
**Major Professor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Academic Unit Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Dr. Freddie Avant

\_\_\_\_\_  
**Interim 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**