

Office of the Registrar

PhD Research Proposal Exam Approval

Current Semester: Fall Winter Spring Summer Today's Date: ___/___/____ (DD/MM/YY)

Student Name:

First Middle Last

Student ID Number:

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Program _____

Research Proposal Examination Approval

Committee Member Name:	Signature:	Date
Committee Member Name:	Signature:	Date
Committee Member Name:	Signature:	Date
Committee Member Name:	Signature:	Date

Comments: (for official Use Only):

Graduate Program Coordinator:

Received by: _____
Date: _____

Registrar 's Office:

Received by: _____ Date: _____
Approved Yes No
Processed by: _____ Date: _____