CLEAR

APPROVAL OF DISSERTATION PROPOSAL FORM
GEORGIA STATE UNIVERSITY
BYRDINE F. LEWIS COLLEGE OF NURSING AND HEALTH PROFESSIONS

TO: _____
Doctoral Program Coordinator

FROM: _____ _____
Major Advisor Date

_____ _____
Student's Name Panther ID Number

_____ _____
Date Admitted Area of Concentration

The Doctoral Committee of the doctoral student named above has approved a dissertation proposal entitled:

_____

A copy of this proposal is attached.

Approvals: **Signatures below indicate approval of the attached dissertation proposal and recommendation to candidacy for the Ph.D. Degree.**

_____ _____
Major Advisor Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____ _____
Doctoral Program Coordinator Date

Submit this form to the Doctoral Program Coordinator.