

This form is used to record approval of student's dissertation proposal and advancement to candidacy. The personal signature of each committee member is required. Attach copy of dissertation proposal abstract. See Dissertation Procedures in the Bulletin at <http://bulletin.cgu.edu/>.

**Student Information**

CGU ID# 254 - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Department/Program \_\_\_\_\_ Degree \_\_\_\_\_

Date Qualifying Exams Passed \_\_\_\_\_

I verify that I have passed my qualifying exams

Dissertation Title \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approvals of Committee Members – Signatures Required**

Name \_\_\_\_\_ Title \_\_\_\_\_  Chair  Co-Chair

Institution \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  Co-Chair  Member

Institution \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  Member

Institution \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach Separate Sheet for Additional Approvals**

**Department/Program Approval**

Dean Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Admin. Review \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit Completed Form & Proposal Abstract to the Registrar's Office**