



Dissertation Proposal Completion Form

Doctoral Student's Name: Student #:

Dissertation Topic/Title:

Comments:

Result (please check one):

PASSED

NOT PASSED

Name of Committee Members	Signature <i>Please sign using Adobe Reader Fill & Sign or Preview Signature</i>	Date Confirmed <i>Enter as YYYY-MM-DD</i>
<input type="text"/> Supervisor		<input type="text"/>
<input type="text"/> Co-supervisor (if applicable)		<input type="text"/>
<input type="text"/> Committee Member		<input type="text"/>
<input type="text"/> Committee Member (if no co-supervisor)		<input type="text"/>

Please upload to myProgress for approval by your Graduate Program Director.