

**DEPARTMENT OF POLITICAL SCIENCE
PH.D. PROPOSAL APPROVAL FORM**

Student Name: _____ **Student Number:** _____

First Field: _____

Second Field: _____

Proposal Title:

This form is to be completed at, or immediately after, a successful dissertation proposal defence.
Give the completed form to the Graduate Program Coordinator.

Completion of this form, fully signed, provides confirmation that after oral examination, the committee below has approved this dissertation proposal.

Student Signature Date

Committee:

- | | | | |
|----|---|--|---------------|
| 1. | _____
Supervisor | _____
Signature (approve proposal submission) | _____
Date |
| 2. | _____
Member | _____
Signature (approve proposal submission) | _____
Date |
| 3. | _____
Member | _____
Signature (approve proposal submission) | _____
Date |
| 4. | _____
Graduate Program Director
(or delegate) | _____
Signature | _____
Date |

Approval:

- | | | | |
|----|------------------------------------|--------------------|---------------|
| 1. | _____
Graduate Program Director | _____
Signature | _____
Date |
| 2. | _____
Chair | _____
Signature | _____
Date |