

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

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**First Field:** \_\_\_\_\_

**Second Field:** \_\_\_\_\_

**Proposal Title:**

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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

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**Committee:**

- |    |                     |  |               |
|----|---------------------|--|---------------|
| 1. | _____<br>Supervisor | _____<br>Signature (approve proposal submission) | _____<br>Date |
| 2. | _____<br>Member     | _____<br>Signature (approve proposal submission) | _____<br>Date |
| 3. | _____<br>Member     | _____<br>Signature (approve proposal submission) | _____<br>Date |

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**Approval:**

- |    |                                    |                    |               |
|----|------------------------------------|--------------------|---------------|
| 1. | _____<br>Graduate Program Director | _____<br>Signature | _____<br>Date |
|----|------------------------------------|--------------------|---------------|