



School of Social Work

Dissertation Proposal Approval Form

Student Name: _____ **Student No.:** _____

Academic Year entered Joint PhD Program: _____

Thesis Title:

Supervisor's Name: _____

This is to confirm that the above-named student's thesis proposal has been approved by his/her Doctoral Committee.

Signature of Supervisor

Date

Signature of Committee Member

Date

Signature of Committee Member

Date

Signature of Student

Date

Signature of Joint PhD Program Director

Date

Once ethics approval has been obtained from the appropriate REB, a copy of the signed approval form must be submitted to carmela.sciandra@mcgill.ca Student Affairs Coordinator

***(Data collection* can only commence once both the signed Dissertation Proposal Approval Form and The Ethics Approval Form are submitted to carmela.sciandra@mcgill.ca Student Affairs Coordinator)**