



## Dissertation Pre- Defense Approval Form

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Student: Please complete and return form to the Program Coordinator with proper signatures.

Student Name \_\_\_\_\_ Student ID# U \_\_\_\_\_

Class: \_\_\_\_\_

Title of dissertation \_\_\_\_\_

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Please attach a short abstract.

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### Committee Approval

We have studied this dissertation and certify that it is developed sufficiently to schedule a defense.

1. Committee Advisor/Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date Processed \_\_\_\_\_ By \_\_\_\_\_