

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPROVAL OF THE DISSERTATION PROPOSAL**

Return the completed form, with all signatures, to The Graduate School, Montclair State University,
College Hall 203, Upper Montclair, NJ 07043

Student Name _____ Date _____

Address _____ Student I.D. No. _____ - _____ - _____

Phone: _____

Instructions to doctoral students:

The Dissertation Committee members are required to meet with the doctoral student to review the dissertation proposal. Once the dissertation committee has approved the proposal, the original proposal and Approval of the Dissertation Proposal form must be signed by all committee members and forwarded to The Graduate School. A copy of the proposal and this form must also be provided to each committee member.

Dissertation Proposal Title: _____

Doctoral Program/Concentration: _____

Dissertation Committee

We certify that we have met with the above student on the date listed below, that we have reviewed the attached proposal and are recommending to The Graduate School its approval.

Date of Dissertation Proposal Meeting: _____

Chair/Advisor: _____
Name Signature Date

Committee Member: _____
Name Signature Date

Committee Member: _____
Name Signature Date

Doctoral Program Director: _____
Name Signature Date

The Graduate School's Use Only

Check here if IRB review needed _____ Log # _____

The attached dissertation proposal is:

_____ **Dissertation Proposal Approved** _____
Month Year

_____ **Dissertation Committee is recommended to reconvene and reconsider the proposal for the following reasons:** _____

Signature, Dean of The Graduate School

Date