

FORM D

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPROVAL OF THE DISSERTATION PROPOSAL

Return the completed form, with all signatures, to: docstudy@montclair.edu

Student Name: _____ CWID #: _____

Address: _____ Date: _____

_____ Program: _____

Instructions to doctoral students: Once the dissertation committee has reviewed your dissertation proposal and *it has been accepted*, this form must be signed by all committee members and the Doctoral Program Director and forwarded **along with the final proposal** to The Graduate School.

Dissertation Title: _____

Date proposal accepted: _____

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Committee Member	Signature	Date

_____	_____	_____
Chair	Signature	Date

_____	_____	_____
Doctoral Program Director	Signature	Date

IRB approval required: ☐

IRB approval not required: ☐

The Graduate School's Use Only

The attached dissertation proposal is approved. _____

Month Year

The attached dissertation proposal is not approved. The Dissertation Committee is asked to reconvene and reconsider the proposal for the following reasons:

Signature, Dean of The Graduate School or Designee Date

Distribution: The Graduate School, Doctoral Program Director, Dissertation Chair, Student