

**FORM D**

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

Return the completed form, with all signatures, to: [docstudy@montclair.edu](mailto:docstudy@montclair.edu)

Student Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Program: \_\_\_\_\_

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**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:

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***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