

DISSERTATION PROPOSAL APPROVAL FORM

ANDREWS UNIVERSITY

ID #

Name:

Degree:

E-Mail:

Proposal
Defense Date:

Dissertation Proposal Title

Format: () APA () Turabian () Other

Committee Members:
(Print or Type)

Signature: (Indicates Approval)

CHAIR

/ /
Date Approved

APPROVED Department Chair or Program Director

Date

Dean of College

Date