

Middle Tennessee State University
Department of Health and Human Performance

DISSERTATION/THESIS PROPOSAL APPROVAL FORM

Dissertation/Thesis Title: _____

SUBMITTED BY: _____

Candidate's Name

Candidate's Signature

Date

Names of Committee Members who approve this proposal:

Chair: _____

Signature

Date

Member: _____

(Department)

Signature

Date

Member: _____

(External)

Signature

Date

Member: _____

(Additional)

Signature

Date

Member: _____

(Additional)

Signature

Date

Institutional Review Board Committee Approval Letter Received At Time of Proposal

Yes No (for committee information only; not a requirement)

Expected date of defense: _____

Committee Recommended Changes and Comments: _____

(Use reverse side)