

**DEPAUL UNIVERSITY**  
COLLEGE OF EDUCATION

**Dissertation Proposal Approval**

Student Name: \_\_\_\_\_ DePaul ID# \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

**Concentration:**

Educational Leadership \_\_\_\_\_ Curriculum Studies \_\_\_\_\_  
Global Catholic \_\_\_\_\_ Early Childhood Education \_\_\_\_\_  
Higher Education \_\_\_\_\_

**TITLE OF DISSERTATION:** \_\_\_\_\_  
\_\_\_\_\_

***Dissertation Proposal Approval Form:***

1. **Must have** signatures of the dissertation chair and all committee members to be valid.
2. Should be filed when the Proposal is approved by the dissertation committee. The candidate should have registered for A&S 849, CS 849, or ECE 849 this quarter in order to get credit for the proposal course.
3. Will be returned to the candidate if incomplete or unapproved.

**This section is to be completed by the dissertation committee.**

\_\_\_\_\_  
Proposal Presented on (date)      Proposal Approved on (date)      Estimated Date of Completion

*Specification for Revision (attach additional comments if needed):*

\_\_\_\_\_  
Dissertation Committee Chair Signature      Degree      Date  
Please print name: \_\_\_\_\_

\_\_\_\_\_  
Dissertation Committee Member Signature      Degree      Date  
Please print name: \_\_\_\_\_

\_\_\_\_\_  
Dissertation Committee Member Signature      Degree      Date  
Please print name: \_\_\_\_\_

**Please return completed form to the Doctoral Program Office (COE 346)**

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Dissertation Committee Member Signature	Degree	Date
Please print name: _____		

**Please return completed form to the Doctoral Program Office (COE 346)**