

UNIVERSITY OF LOUISVILLE
College of Education & Human Development
Proposal Approval Form

☐**Thesis**☐**Dissertation**

Student Name: _____

Date: _____

Department: _____

Major Subject Field: _____

Student ID#:: _____

Student e-mail: _____

----Committee Members----

	<u>NAME</u> (typed or printed)	<u>DEPARTMENT</u>	<u>SIGNATURE & DATE</u>
1.	_____ (Principal Advisor)	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

 Department Chair

 Date

 Associate Dean of Research and Graduate Studies
 College of Education & Human Development

 Date

- () Approved with no changes required
- () Pending – revisions being made by Thesis/Dissertation Chair and Candidate
- () Approved – changes made by Thesis/Dissertation Chair and Candidate