Dissertation Proposal Form

Western Illinois University
School of Graduate Studies

Date:

WIU ID No.:

Student's name:

The above-named student has submitted and presented to us the following dissertation proposal which we have reviewed and approved:

Dissertation Chair: _____

Committee member: _____

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Committee member: _____

School Director: _____

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Return completed form and electronic copy of approved proposal to the School of Graduate Studies.

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Reset