

D'YOUVILLE COLLEGE

APPROVAL OF GRADUATE RESEARCH PROPOSAL

[Empty text box for Last Name]

Last Name

[Empty text box for First Name]

First Name

[Empty text box for MI]

MI

9 [Empty text box for Student ID / User ID Number]

Student ID / User ID Number

- - [Empty text box for Program Start Date]

Program Start Date

[Empty text box for Student Major or Program]

Student Major or Program

Check one:

Research Practicum

Project

Thesis

Dissertation

Proposal Title:

[Large empty text box for Proposal Title]

RECOMMENDATIONS OF RESEARCH DIRECTOR\*/COMMITTEE:

[Large empty text box for Recommendations]

RESEARCH DIRECTOR\*/COMMITTEE ACTION:

SIGNATURES OF COMMITTEE AND STUDENT:

- - [Empty text box for Date of Action]

Date of Action

Research Director\*:

Not Approved

Second Member:

Approved

Third Member:

(if applicable)

Approved with Recommendation(s)

Student Signature:

( If checked, Research Director\* MUST complete additional section below: )

Research Directors\* MUST complete this section for students receiving Approval with Recommendations:

Date Recommendations Approved:

- - [Empty text box for Date]

Research Director\*:

\* For thesis or dissertation, the Research Director is the Thesis or Dissertation Director.

FILING OF THIS FORM:

F-GRT - Jan, 2018

ORIGINAL: Graduate Program Director or Chair (for Student Program File)

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