

DEPARTMENT OF CURRICULUM AND INSTRUCTION

College of Education

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Approval of Dissertation Proposal

STUDENT INFORMATION	ON:					
Name:			Student Z#			
Last	First		Middle			
Address:		C't-		Charles	7: C-1-	
Street		City		State	Zip Code	
Phone (home):		Phor	ne (work):			
Phone (cell):		FAU	J Email:			
PROPOSAL:		Alter	rnate Email:			
DATE OF PROPOSAL M	IEETING:					
Dissertation Title:						
PROPOSAL WAS: Approved Approved with Modifications Approved with Major Modifications Denied Proposal Was: the d				Modifications need to be sent to partment chair and administrative office		
APPROVALS DISSERTA	ATION COMMITTEE	<u>.</u>				
Chair of Committee:				Date:		
Committee Member:				Date:		
Committee Member:				Date:		
Committee Member:				Date:		
Signature of Student:				Date:		
Signature of CCFI Departm	ent Chair			Date		