

Dissertation Proposal Acceptance Form

Student Name:

Date:

Proposal Title:

The above proposal has been accepted by the undersigned:

Committee Chair:

Print

Sign

Date

Co-Chair (if applicable):

Print

Sign

Date

Committee Member:

Print

Sign

Date

Committee Member:

Print

Sign

Date

Committee Member:

Print

Sign

Date

Computing PhD

Co-Director:

Print

Sign

Date

Instructions: Upon completion of the oral proposal defense, have all committee members sign this form. Turn the completed form in to the Program Administrator and e-mail a copy of your written proposal to ComputingPhD@boisestate.edu.