

**COLLEGE OF HEALTH AND HUMAN SCIENCES
BYRDINE F. LEWIS SCHOOL OF NURSING**

**Ph.D. PROGRAM IN NURSING
APPROVAL OF DISSERTATION PROPOSAL**

TO: _____
Associate Director, Graduate Programs in Nursing

FROM: _____ Date _____
Major Advisor

Student's Name Panther ID Number

Date Admitted Area of Concentration

The Doctoral Committee of the above named doctoral student has approved a dissertation proposal entitled:

A copy of this proposal is attached.

Approvals: Signatures below indicate approval of the attached dissertation proposal and recommendation to candidacy for the Ph.D. Degree.

Major Advisor Date

Committee Member Date

Committee Member Date

Committee Member Date

Committee Member Date

Associate Director, Graduate Programs Date

Submit this form to the Associate Director, Graduate Programs in Nursing