



Measurement and Quantitative Methods
MICHIGAN STATE UNIVERSITY

Dissertation Proposal Approval Form

Student's Name: _____ Student Number: _____

Dissertation Proposal Date: _____

Dissertation Title (might be tentative):

Committee

Chair: _____ Co-Chair (if applicable): _____

Comments:

Signatures

Dissertation Chair _____ Co-chair (if applicable) _____

Program Director _____

Student _____

GPC Initials _____