Department of Communicative Disorders and Sciences
AuD Research Project

APPROVAL OF RESEARCH PROPOSAL

Student: ____________________________

Title of Research Proposal: ____________________________

We, the members of the student’s Research Committee, have read and approved this student’s Research Proposal.

1. ____________________________ (Research Advisor) ____________________________ (signature) ____________________________ (date)

2. ____________________________ (Committee member) ____________________________ (signature) ____________________________ (date)

3. ____________________________ (Committee member) ____________________________ (signature) ____________________________ (date)