

Department of Transnational Studies

DISSERTATION PROPOSAL DEFENSE

Student (name): _____ Date: _____

Dissertation Title: _____

Date Defended: _____

Directions: Once any revisions (if necessary) are complete and the Dissertation Proposal has been approved by all members of the Dissertation Committee, each committee member signs and dates this form

Any additional or remedial courses or skills (note if required or recommended) necessary to complete the dissertation:

We certify that the dissertation proposal described above was successfully defended, and subject to any recommendations noted above, the plan of work for the dissertation meets with our approval.

Committee Chair (Name/Signature) _____ / _____ Date: _____

Committee Member (Name/Signature) _____ / _____ Date: _____

Committee Member (Name/Signature) _____ / _____ Date: _____

Optional Outside Reader (Name/Signature) _____ / _____ Date: _____

Director of Graduate Studies (Name) _____

(Signature) _____ Date: _____