Midwestern State University
Dr. Billie Doris McAda Graduate School

APPENDIX F. Proposal Approval for Dissertation in Practice

It is the responsibility of the Dissertation Course Chair to ensure that the candidate has permission to conduct research for the Dissertation in Practice. All requested information must be provided.

Candidate Information

Name: _____

Email: _____

Degree Program and Concentration: _____

Proposed Term/Year of Enrollment in Dissertation Course: □ Fall □ Spring □ Summer _____

Proposed Title of Dissertation in Practice Project: _____

_____

_____

Approvals

Committee Chair Printed Name	Signature	Date
Committee Member Printed Name	Signature	Date
Committee Member Printed Name	Signature	Date
Committee Member Printed Name (if applicable)	Signature	Date