



SCHOOL OF NURSING

UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Dissertation Research Proposal Approval Signature Form

Date: _____

Name of Student: _____
First M Last

Proposal Title: _____

Note to Advisors and Committee Members:

Your signature below indicates that you have reviewed this student's PhD Dissertation Proposal and approve this student to progress in the dissertation process.

Faculty Advisor:

First Last Signature

Faculty Co-advisor, if applicable:

First Last Signature

Examining Committee Members:

First Last Signature

First Last Signature

First Last Signature

DGS:

First Last Signature

Date Received by DGS: _____