



# College of Community Innovation and Education

## DISSERTATION PROPOSAL APPROVAL

Instructions: Print and bring form to proposal defense. Please drop off signed form to Graduate Affairs, ED 115 or scan and send to [cciegrad@ucf.edu](mailto:cciegrad@ucf.edu)

Date of Defense: \_\_\_\_\_

For office use only:

Name: \_\_\_\_\_

UCF ID (PID): \_\_\_\_\_

First term in Dissertation: \_\_\_\_\_

Anticipated Semester of Final Defense: \_\_\_\_\_

Program and Track: \_\_\_\_\_

Working Title of Dissertation: \_\_\_\_\_

\_\_\_\_\_

**This student is hereby certified as having met all requirements to continue dissertation research.**

\_\_\_\_\_  
Dissertation Chair (Signature) (Print)

\_\_\_\_\_  
Committee Member (Signature) (Print)

\_\_\_\_\_  
Committee Member (Signature) (Print)

\_\_\_\_\_  
Outside Committee Member (Signature) (Print)

\_\_\_\_\_  
Additional Member, if applicable (Signature) (Print)

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\_\_\_\_\_  
Doctoral Program Coordinator Date