



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

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)

Doctoral Program Coordinator

Date