



COLLEGE OF EDUCATION
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Dissertation Proposal Defense

Student's Name: _____

Student's Signature: _____

Date Submitted/Presented: _____

Title of Dissertation Topic: _____

We have read the dissertation proposal for the student identified above and find it to be:

___ Approved

___ Approved with modifications (see attached recommendations from the Committee).

___ Disapproved (see attached explanation from the Committee)

Signatures:

Dissertation Committee Chair: _____

Name: _____

Dissertation Committee Member: _____

Name: _____

Dissertation Committee Member: _____

Name: _____

Dissertation Committee Member: _____

Name: _____

Doctoral Program Coordinator: _____

Dr. Irene Johnson, Department Chair: _____

Note: To be completed at the time of the Dissertation Proposal Defense. Completed form must be submitted to the Doctoral Program Coordinator.