

Schedule for Dissertation Proposal Presentation
TARLETON STATE UNIVERSITY
Department of Educational Leadership and Policy Studies

Name: _____ UIN: _____

Email Address: _____ Telephone Number: _____

Date of Presentation _____ Time: _____ Location: _____

Proposed Dissertation Title:

By their signatures, the following dissertation committee members acknowledge that they have received the proposal document **two weeks prior** to the scheduled dissertation proposal presentation.

Dissertation Committee Chair: _____

Signature and Date

Dissertation Committee Member _____

Signature and Date

Dissertation Committee Member _____

Signature and Date

Dissertation Committee Member _____

Signature and Date

Dissertation Committee Member _____

Signature and Date

Department Head

Date

Dean of College of Graduate Studies

Date

Date Sent to the College of Graduate Studies: _____