



Department of Mathematics

Dissertation Proposal Acceptance Form

Date: _____

Name: _____
(Last) (First) (Middle)

ID#: _____

Proposal Title: _____

[] Written copy of proposal attached.

Approval Signatures

By signing below the committee approves the given dissertation proposal.

	Name	Signature	Date
Advisor	_____	_____	_____
Committee	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____