Maharishi University of Management

Enrollment Center

Name

Semester

Year

Student I.D. Number

Student Box Number

or Off-Campus Address

and Phone Number
e-mail

APPROVAL OF DISSERTATION PROPOSAL

Graduate Program: ___________________________ Date: _______________

Title of Dissertation (may be tentative, but should be accurate and descriptive):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does this represent a change from a previously approved proposal? Yes  No

Anticipated date of completion: ___________________________

Date approved by Guidance Committee: _______________________

Student’s Major Field: ___________________________

Student’s Signature: ___________________________

Guidance Committee Members (signatures required):

__________________________________ DATE

CHAIRPERSON

__________________________________ COMMITTEE MEMBER

__________________________________ COMMITTEE MEMBER

__________________________________ COMMITTEE MEMBER

__________________________________ COMMITTEE MEMBER

__________________________________ COMMITTEE MEMBER

DEAN OF GRADUATE SCHOOL DATE

NOTE: This approval must be completed before beginning the dissertation.

Office note: copies to EC, Student, Dean of Graduate School, Doctoral Committee, Program Director