

DISSERTATION FORM 2 – DPA PROGRAM
APPROVAL OF STUDY PROPOSAL

Please return this form directly to the DPA Academic Advisor

Name: _____ Date: _____
Last First

Email: _____ Phone: _____

Address: _____
Street City State Zip

The undersigned have reviewed and approved my formal study proposal:

_____ **Committee Chair**

_____ **Committee Member**

_____ **Committee Member**

IRB Approval: Exempt Expedited Standard
No Human Subjects Involved

NOTE TO CANDIDATE – Please attach a copy of your approved proposal to receive Form 2 approval.

NOTICE OF RECEIPT OF APPROVAL OF STUDY PROPOSAL

Received by: _____ Date: _____

Signed: _____ Program Director