

DISSERTATION FORM 2 – DBA PROGRAM APPROVAL OF STUDY PROPOSAL

Please return this form directly to Graduate Academic Services

Name:		Date:		
Last		First		
Student I.D				
ULV Email:		Phone:		
Address:				
Stree	et	City	State	Zip
The undersigned have	e reviewed and appro	oved my formal study pr	roposal (Chapters 1	, 2, and 3):
		Committee Ch	nair	
(signature)				
		Committee M	omhor	
(signature)		Committee Wi	ember	
		Committee M	ember	
(signature)				
I have not started my	research nor have I	applied to IRB prior to	this approval.	
(Student Signature & Date)		(Dissertation	on Chair Signature	& Date)
NOTE TO CANDII approval.	DATE: Please attach	a copy of your approve	d proposal to recei	ve Form 2
NOTICE	E OF RECEIPT OF A	APPROVAL OF STUD	Y PROPOSAL	
Approved:		Date	e:	
(Progr	am Director Signat	ture)		