

**EASTERN MICHIGAN UNIVERSITY**  
**Graduate School**  
**Doctoral Dissertation PROPOSAL<sup>1</sup> Approval Form**

Student Name \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Program of Study \_\_\_\_\_ ID# E \_\_\_\_\_

Dissertation Committee Chair \_\_\_\_\_

**TENTATIVE TITLE OF PROPOSED DISSERTATION**

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**COMMITTEE REPORT ON DISSERTATION PROPOSAL**

After review of the dissertation proposal, the Doctoral Committee certifies that:

- The proposed research involves the use of vertebrate subjects and requires IACUC review prior to data collection.
- The proposed research involves human subjects and will be sent to University Human Subjects Review Committee prior to data collection.
- The proposal is not satisfactory and the following deficiencies must be corrected.  
Description of deficiencies \_\_\_\_\_
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**COMMITTEE MEMBER NAME PRINT OR TYPE/ COMMITTEE MEMBER SIGNATURE**

**name/signature**

Chair \_\_\_\_\_ / \_\_\_\_\_

External Member Representing the Graduate School \_\_\_\_\_ / \_\_\_\_\_

Member \_\_\_\_\_ / \_\_\_\_\_

Member \_\_\_\_\_ / \_\_\_\_\_

Member \_\_\_\_\_ / \_\_\_\_\_

Member \_\_\_\_\_ / \_\_\_\_\_

**ACKNOWLEDGEMENT OF PROPOSAL APPROVAL**

Date \_\_\_\_\_ Director of Clinical Training/Dept. Head \_\_\_\_\_

Date \_\_\_\_\_ Graduate School \_\_\_\_\_

*Please send completed document to [dissertation\\_submission@emich.edu](mailto:dissertation_submission@emich.edu). The Graduate School will email the fully approved document with signatures to Records & Registration, chairperson, department/college file.*

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<sup>1</sup>To be completed only after student has been officially notified of having passed the qualifying examination.

<sup>2</sup>After the deficiencies have been corrected a new form must be submitted indicating that the proposal is satisfactory and the candidate may proceed.