

Dissertation Proposal Acceptance Form

Student Name:	Date:	
Proposal Title:		
The above proposal has been accep	ted by the undersigned:	
Research Advisor – Print	Signature	Date
Co-Chair (if applicable) – Print	Signature	Date
Committee Member – Print	Signature	Date
Committee Member – Print	Signature	Date
Committee Member – Print	Signature	Date
Committee Member – Print	Signature	Date
BME Director – Print	Signature	 Date