

# Dissertation Proposal Form

Western Illinois University  
School of Graduate Studies

---

Date:

WIU ID No.:

Student's name:

The above-named student has submitted and presented to us the following dissertation proposal which we have reviewed and approved:

Dissertation Chair: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Department Chair: \_\_\_\_\_

College Dean/Assoc. Dean: \_\_\_\_\_

Return completed form and electronic copy of approved proposal to the School of Graduate Studies.



Western Illinois University  
School of Graduate Studies  
1 University Circle  
Macomb, IL USA 61455-1390  
Phone (309)298-806  
[www.wiu.edu/grad](http://www.wiu.edu/grad); Email: [GradOffice@wiu.edu](mailto:GradOffice@wiu.edu)