



# Dissertation Proposal Transmittal

Return completed form to:  
The Graduate School  
501 Carnell Hall  
1803 N. Broad St.  
Phila., PA 19122  
Fax 215-204-8781

Please complete and submit this form along with your Dissertation Proposal within 30 days of the Committee's Approval.

## STUDENT INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I

Address \_\_\_\_\_  
Street City State Zip

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

## Degree Information

College \_\_\_\_\_ Program \_\_\_\_\_ Degree \_\_\_\_\_

## Indicate Appropriate Dissertation Proposal Approval Process for our Department/Program

\_\_\_\_ Dissertation Advisory Committee only  
\_\_\_\_ Department Review  
\_\_\_\_ College Review  
\_\_\_\_ Other \_\_\_\_\_

Date Proposal Approved by Doctoral Dissertation Advisory Committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Preliminary Examination Passed Yes ☐ No ☐ Date Passed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Foreign Language Required? Yes ☐ No ☐ Date Passed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If required, list exam(s) taken:

1. \_\_\_\_\_ Date Passed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
2. \_\_\_\_\_ Date Passed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## I have read and approved the above student's dissertation proposal.

Committee Chair:	Signature _____	Print _____	Date _____ / _____ / _____
Committee Member 1:	Signature _____	Print _____	Date _____ / _____ / _____
Committee Member 2:	Signature _____	Print _____	Date _____ / _____ / _____
Committee Member 3:	Signature _____	Print _____	Date _____ / _____ / _____
Committee Member 4:	Signature _____	Print _____	Date _____ / _____ / _____