

# D'YOUVILLE COLLEGE

## APPROVAL OF GRADUATE RESEARCH PROPOSAL

Last Name	First Name	MI
9	- -	
Student ID / User ID Number	Program Start Date	Student Major or Program
Check one:    Research Practicum <input type="checkbox"/> Project <input type="checkbox"/> Thesis <input type="checkbox"/> Dissertation <input type="checkbox"/>		
Proposal Title:		

### RECOMMENDATIONS OF RESEARCH DIRECTOR\*/COMMITTEE:

### RESEARCH DIRECTOR\*/COMMITTEE ACTION:

- -

 Date of Action Not Approved Approved Approved with Recommendation(s)

( If checked, Research Director\* MUST complete additional section below: )

### SIGNATURES OF COMMITTEE AND STUDENT:

Research Director\*: \_\_\_\_\_

Second Member: \_\_\_\_\_

Third Member: \_\_\_\_\_  
(if applicable)

Student Signature: \_\_\_\_\_

### Research Directors\* MUST complete this section for students receiving Approval with Recommendations:

Date Recommendations Approved: 

- -

 Research Director\*: \_\_\_\_\_

\* For thesis or dissertation, the Research Director is the Thesis or Dissertation Director.

### FILING OF THIS FORM:

ORIGINAL: Graduate Program Director or Chair (for Student Program File)

COPIES: Office of Graduate Studies and Student

**F-GRT - Jan, 2018**