

Dissertation Proposal and Proposal Defense Form

Submit **one copy** of this form with **original or electronic signatures and proposal** to The Graduate College. It is the student's responsibility to make sure The Graduate College receives this form in a timely manner.

| | |
|-------------------------------------|--|
| Student Name: _____ | Texas State ID: _____ |
| Major: _____ | Degree (check one): <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed. D. |
| Student Signature: _____ | Date: _____ |
| Tentative Dissertation Title: _____ | |

| | |
|---|--|
| Is the committee-approved proposal attached to this form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*Dissertation proposals vary by department and discipline. Please see your department for proposal guidelines and requirements.*</i> | |
| Does research involve human subjects (including surveys or use of secondary data)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is Texas State IRB Approval letter attached? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does research involve the use of vertebrate animals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide Texas State IACUC approval code: _____ | |

| | |
|---|---|
| Outcome of the Dissertation Proposal Defense: | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| <i>*In case of failure, the student may consult the department chair regarding the appeal process.*</i> | |

By signing this form, the dissertation committee members affirm the successful defense of the dissertation proposal.

| Printed Name of Committee Member | Department | Signature | Date |
|---------------------------------------|------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Dissertation Committee Chair/Co-Chair | | | |
| _____ | _____ | _____ | _____ |
| Co-Chair (if applicable) | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Signatures below indicate the departmental approval of the above recommendation:

| Printed Name | Signature | Date |
|---------------------------|-----------|-------|
| _____ | _____ | _____ |
| Doctoral Program Director | | |
| _____ | _____ | _____ |
| Department Chair | | |

| For The Graduate College Use Only | |
|---|---------------|
| Based on the recommendation above, the Dissertation Proposal and Proposal Defense are: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| _____ Dean or Associate Dean of The Graduate College | _____ Date |