

**The Pennsylvania State University**  
**College of Nursing**  
**Approval of Ph.D. Dissertation Research Proposal**

**Student's Name:**

**Date:**

**Dissertation**

**Title:**

The thesis research proposal of the above student is approved subject to the following comments, suggestions, recommendations, and/or conditions:

**Dissertation**

**Committee** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chairperson:**      **Printed Name**

**Member:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name**

**Member:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name**

**Member:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name**

**Member:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name**

**NOTE: Completing this research does not automatically imply that the completed thesis will be accepted. This form should be submitted to the College of Nursing Graduate Program Office, 203 Nursing Sciences Building, as soon as it is completed.**