

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:** _____

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Member: _____ **Signature:** _____ **Date:** _____

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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.