

Graduate School  
WICHITA STATE UNIVERSITY

Dissertation Proposal/Design Approval Form

Candidate's Name: \_\_\_\_\_ Date \_\_\_\_\_ Exam Location \_\_\_\_\_

Candidate's *myWSU* ID number: \_\_\_\_\_

Title Proposed for Dissertation: \_\_\_\_\_

\_\_\_\_\_

Dissertation Chair/Supervisor: \_\_\_\_\_

**COMMITTEE ACTION**

Approve  
(Print Name)

