

SEATTLEU
 COLLEGE OF EDUCATION
 EDUCATION AND ORGANIZATIONAL
 LEARNING AND LEADERSHIP PROGRAM

Doctoral Dissertation Proposal Hearing Approval Form

Working Dissertation Title: _____

Student Name	SU ID#	Signature	Date
1. _____	_____	- _____	_____
2. _____	_____	- _____	_____
3. _____	_____	- _____	_____
4. _____	_____	- _____	_____
5. _____	_____	- _____	_____
6. _____	_____	- _____	_____
7. _____	_____	- _____	_____

	Name	Approval Signature	Date
Committee Member #1	_____	- _____	_____
Committee Member #2	_____	- _____	_____
Dissertation Chair	_____	- _____	_____

Conditions of approval (if any): _____

Routing (electronic or paper copy): (1) Student, (2) Committee Members, (3) Program Office

Distribution After Completion (if electronic): 1) Student, (2) Committee Members, (3) Program Office
