



Ph.D. STUDENT QUALIFYING PAPER TOPICS APPROVAL FORM

Student Name: _____ Student ID # _____

Primary Advisor _____

Date: _____

Secondary Advisor _____

Proposed topic for Qualifying Paper 1 and brief description

Proposed topic for Qualifying Paper 2 and brief description

Signatures:

Student: _____ Date: _____

Approved:

Primary Advisor: _____ Date: _____

Secondary Advisor: _____ Date: _____

Please submit to the Director of Graduate Studies, who will sign and forward to Justina Clayton, Graduate Coordinator.

Director of Graduate Studies _____ Date: _____