

**BIOMEDICAL ENGINEERING
DISSERTATION PROPOSAL APPROVAL FORM**

Name: _____ Date of Oral Proposal: _____

Dissertation Title: _____

Choose one of the following:

_____ At the oral presentation, we approved the dissertation proposal as submitted.

_____ At the oral presentation, changes were requested prior to approving the proposal.

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Graduate Director: _____ Date: _____

The following space is to indicate any significant changes agreed to by the Dissertation Committee at the proposal approval meeting. Attach additional page if needed.

_____ I confirm that the student has made the requested changes to the satisfaction of the committee and the proposal is now approved.

Graduate Director: _____ Date: _____