UBCO School of Health and Exercise Sciences: Dissertation Proposal Approval Form

Student Name:		Student	#:	Date:
Title of dissertation prop	osal.	,		
By providing my signatu dissertation proposal to 1	reflect the feedba		Committee.	I have revised the
Graduate Student Signature:			Date:	
By providing our signatu that we approve of the di	issertation propos	sal in its current forn	nat.	
Role	Name	Institution	Signature	Date
Supervisor				
Co-Supervisor (if applicable)				
Committee Member				
Committee Member				
Committee Member (if applicable)				
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Graduate Program Coor	dinator Signature	? :	Date:	

Please email the completed and signed version of this form, <u>as well as a copy of the written proposal</u>, to the School's Graduate Program Assistant (fhsd.graduateprogram@ubc.ca) as soon as the dissertation proposal is approved.

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