

**Eastern Kentucky University**  
**College of Education & Applied Human Sciences**  
**DISSERTATION PROPOSAL DEFENSE**

**NOTE: Do not register for GRD 877P until this form has been completed and emailed to:**  
[rita.land@eku.edu](mailto:rita.land@eku.edu)

**Student:** \_\_\_\_\_ **EKU#:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Working Dissertation Title:**

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**Committee Members:**

Chair	Grad Faculty Status	Dept.	Signature
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Member	Grad Faculty Status	Dept.	Signature
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Member	Grad Faculty Status	Dept.	Signature
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Member	Grad Faculty Status	Dept.	Signature
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**Scheduled Date and Time of Dissertation Proposal Defense:**

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**Scheduled Proposal Defense Location:**

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**Dissertation Committee Chair Approval:**

Chair	Signature
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