

Lamar University
Department of Deaf Studies and Deaf Education
Doctoral Program in Deaf Education (Ed.D.)
Approval of Dissertation Proposal

Date of Proposal Review: _____

Candidate's Name: _____ LU#: _____

Name of Chair of Doctoral Committee: _____

Proposed Dissertation Title: _____

Recommendations Made by Doctoral Committee Following Proposal Review: (e.g., accept without revision, rewrite specific sections, change statistical format, add more subjects):

Signatures/Approvals: