

The Pennsylvania State University
SCHOOL OF NURSING
Approval of Ph.D. Dissertation Research Proposal

Student's Name: Date:

Dissertation Title:

The thesis research proposal of the above student is approved subject to the following comments, suggestions, recommendations, and/or conditions:

Dissertation Committee Chairperson: Date:

Member: Date:

Member: Date:

Member: Date:

Member: Date:

NOTE: Completing this research does not automatically imply that the completed thesis will be accepted. **This form should be submitted to the School of Nursing Graduate Program Office, 210 Health and Human Development East, as soon as it is completed.**

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