Dissertation Proposal Approval

Date: _____ Ph.D. Program: ☐ Gerontology ☐ Biology of Aging

Name: _____ USC ID: _____

Email: _____ Phone: _____

☐ **NOT APPROVED**

Student must complete/satisfy the following prior to approval of dissertation proposal:

1. _____
2. _____
3. _____
4. _____
5. _____

Endorsements: _____ Date: _____
Student

_____ Date: _____
Dissertation Chair

_____ Date: _____
Ph.D. Committee Chair

☐ **APPROVED**

Dissertation Title: _____

_____

	Name	Signature	Date
Student:	_____	_____	_____
Dissertation: Committee Chair	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Ph.D. Chair:	_____	_____	_____