

Dissertation Approval Form
Argosy University/Campus

Student Name: _____

Title of Dissertation: _____

Dissertation Committee (print name and terminal degree):

1. _____ Chair

2. _____ Member

3. _____ Member

A. Committee Approval

Program Chair Date

B. Proposal Approval

Committee Chair Date

Committee Member Date

Committee Member Date

Institutional Review Board Chair Date

C. Draft Approval

Committee Chair Date

Committee Member Date

Committee Member Date

D. Editing Completed

Editor Date

E. Final Draft Approval

Committee Chair Date

F. Bound Copy Accepted by School

Program Chair Date