



GRADUATE STUDIES PHD PROPOSAL

Name: _____ ID no: _____ Email: _____

Department: _____ Major: _____

Dissertation Title: _____

Dissertation Advisor: _____

Dissertation Committee Members:

	Name	Signature	Date
Committee Chairperson			
Advisor			
Co-Advisor (if any)			
AUB Professor			
AUB Professor			
Non-AUB Professor			
Non-AUB Professor			

Date Submitted: _____

Date Revised: _____

Approval

Chairperson of Department/ Program: _____ Date: _____

Graduate Studies Committee (Chairperson): _____ Date: _____

Graduate Council (Chairperson): _____ Date: _____