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**APPLIED LINGUISTICS PROGRAM  
Dissertation Proposal Approval Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adviser:** \_\_\_\_\_

**Title of Dissertation:** \_\_\_\_\_  
\_\_\_\_\_

**Date and Time of Oral Defense:** \_\_\_\_\_

**Place of Oral Defense:** \_\_\_\_\_

**Result of Examination:**

**Comments:**

**Passed**

**Failed**

**Signatures of examining committee:**

**First Reader:** \_\_\_\_\_  
*(print name here)* *(sign name here)*

**Second Reader:** \_\_\_\_\_  
*(print name here)* *(sign name here)*

**Third Reader:** \_\_\_\_\_  
*(optional)* *(print name here)* *(sign name here)*

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Please return this form to the Applied Linguistics Office after the oral defense with the Graduate School Prospectus form and two copies of your dissertation proposal.

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