

PhD Dissertation Proposal Form

Student ID	Last name	First name
Working title:		
Proposal type: <input type="checkbox"/> Written <input type="checkbox"/> Oral defence		
Committee Feedback:		
Supervisor Name	Signature	Date
<input type="checkbox"/> Interim supervisor		
Reader Name	Signature	Date
<input type="checkbox"/> Interim Reader		
Reader Name	Signature	Date
<input type="checkbox"/> Interim Reader		
Graduate Officer Name	Signature	Date