

APPROVAL OF DOCTORAL PROGRAM OF STUDY (HPEB)

Student name: _____

VIP ID: _____

Degree Program: PhD _____

The Doctoral Program of Study has been reviewed and approved.

_____ Chair, Advisory Committee (print)

_____ (signature)

_____ Advisory Committee (outside member)

_____ Advisory Committee

_____ Advisory Committee

_____ Date

Please return completed form to Casey Goldston-Giraudy

HPEB Graduate Director
(signature)

Date