

**Maharishi
University of
Management**

Enrollment Center

Name	Semester	Year

Student I.D. Number	_____	
Student Box Number	_____	
<i>or</i> Off-Campus Address		

<i>and</i> Phone Number	e-mail	
_____	_____	

APPROVAL OF DISSERTATION PROPOSAL

Graduate Program: _____ **Date:** _____

Title of Dissertation (may be tentative, but should be accurate and descriptive):

Does this represent a change from a previously approved proposal? Yes No

Anticipated date of completion: _____

Date approved by Guidance Committee: _____

Student's Major Field: _____

Student's Signature: _____

Guidance Committee Members (signatures required):

_____	_____
CHAIRPERSON	DATE
_____	_____
COMMITTEE MEMBER	COMMITTEE MEMBER
_____	_____
COMMITTEE MEMBER	COMMITTEE MEMBER
_____	_____
COMMITTEE MEMBER	COMMITTEE MEMBER
_____	_____
DEAN OF GRADUATE SCHOOL	DATE

NOTE: This approval must be completed before beginning the dissertation.

Office note: copies to EC, Student, Dean of Graduate School, Doctoral Committee, Program Director