

Report of the Doctoral Dissertation Proposal

School of Counseling and Counseling Psychology

This form must be submitted with your program of study when you request the signature of the School Director. Please attach a copy of the dissertation proposal to this form.

Name of Student: _____

ASU ID: _____

Dissertation Title:

Outcome	PLEASE TYPE NAMES	SIGNATURES	DATE
Pass ____ Fail ____	Committee Chair:		
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Pass ____ Fail ____	Committee Member:		
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Pass ____ Fail ____	School Director:		