

Department of Child and Family Studies
Approval of Pre-Doctoral Research Requirement Form

To Doctoral Committee: _____

Name

Name

Name

Name

I have submitted a: [_____] thesis [_____] research paper Entitled:

We have read this Pre-Doctoral Research Requirement and recommended its acceptance:

SIGNATURES

Major Professor _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

(Original to CFS Graduate Studies Secretary)