



PhD Dissertation Proposal Approval

SCHOOL OF NURSING
Ashland Klamath Falls La Grande Portland

Student Name: _____

Type of Study:

- Qualitative
- Quantitative
- Mixed Methods

Title of Dissertation:

Approved by:

Dissertation Chair: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Date: _____

Submit completed form to PhD Program office after proposal defense.