

Ph.D. Dissertation Proposal Approval	GIA
--------------------------------------	-----

Student Name	
USF ID	

Proposal Title	
Expected start date of data-collection	
Research Location	

Passed Foreign Language Competency Exam in _____	Yes___ n/a___	Date	
--	---------------	------	--

Major Professor's Name			
Major Professor's Signature		Date	
Co-Major Professor's Name <small>(if applicable)</small>	n/a		
Co-Major Professor's Signature <small>(if applicable)</small>		Date	

Please attach copy of proposal

When this form is complete, please return it to the Graduate Program Staff by email or drop it off in the Department SOC 352