



DISSERTATION PROPOSAL APPROVAL

S.T.D.

Doctorate of Sacred Theology

Student's Name: _____

Proposal Title: _____

Date of Submission: _____

Dissertation Director: _____

Dissertation Committee/Readers:

Print Name

Signature

Print Name

Signature

Print Name

Signature

Faculty Approval Date: _____

Student's Signature

Date

Dissertation Director's Signature

Date

S.T.D. Program Director

Date

Received by JST Associate Dean

Date

SUBMIT THIS COMPLETED FORM TO THE JST ASSOCIATE DEAN'S OFFICE.