



Dissertation Proposal Approval

Doctorate of Sacred Theology

Student Name: _____

Proposal Title: _____

Date of Submission: _____

Dissertation Director: _____

Dissertation Committee/Readers:

Faculty Approval Date: _____

Student Signature

Date

Dissertation Director Signature

Date

S.T.D. Faculty Committee Chair Signature

Date

JST Associate Dean

Date

Submit this completed form to the Associate Dean's Office