



DISSERTATION PROPOSAL APPROVAL

S.T.D.

Doctorate of Sacred Theology

Student's Name: _____

Proposal Title: _____

Date of Submission: _____

Dissertation Director: _____

Dissertation Committee/Readers: _____

Faculty Approval Date: _____

Student's Signature **Date**

Dissertation Director's Signature **Date**

S.T.D. Faculty Committee Chair **Date**

Received by JST Associate Dean Date

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