



UNCG
Graduate School

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DISSERTATION TOPIC APPROVAL

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree: _____ Major: _____

Tentative title of dissertation:

Purpose of the Study:

Committee Approval:

Chair: _____

Members: _____

Department Chair or
Director of Graduate Study: _____ Date: _____

Dean, School of Education: _____ Date: _____

(required for education majors)