

SEATTLEU
COLLEGE OF EDUCATION
EDUCATIONAL LEADERSHIP PROGRAM

TDiLP Phase 2 Form:
Doctoral Dissertation Proposal Approval Form

Working Dissertation Title: _____

Student Name	SU ID#	Signature	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

	Name	Approval Signature	Date
Content Expert	_____	_____	_____
Community Expert	_____	_____	_____
Inquiry Supervisor/Advisor	_____	_____	_____

Conditions of approval (if any): _____

Routing (electronic or paper copy): (1) Student, (2) Inquiry Supervisor & Experts, (3) Program Office

Distribution After Completion (if electronic): (1) Student File

Distribution After Completion (if paper copy): (1) Scan to Student, (2) Student File

Revised: 11/2016

For EDLR Office use only	
Initials:	_____
Date Received:	_____
Recorded:	<input type="checkbox"/>
Date to student(s):	_____