



COLLEGE OF PUBLIC HEALTH
 Department of Community and Behavioral Health
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Addendum to PhD Proposal

Student Name _____

Committee Members:

Dissertation Advisor (Department) _____	_____	_____	_____
	Print	Signature	Date
Additional Member _____	_____	_____	_____
	Print	Signature	Date
Additional Member _____	_____	_____	_____
	Print	Signature	Date
Additional Member _____	_____	_____	_____
	Print	Signature	Date
Additional Member _____	_____	_____	_____
	Print	Signature	Date
Additional Member (optional) _____	_____	_____	_____
	Print	Signature	Date
Additional Member (optional) _____	_____	_____	_____
	Print	Signature	Date

The signatures above indicate approval of the changes made to the dissertation proposal (attached) entitled:

The areas changed from the original proposal include (attach an additional sheet if necessary):

Anticipated Graduation date (semester/year) _____

Approved: _____ Date _____
 DEO or Director of Graduate Studies
 Department of Community and Behavioral Health
 College of Public Health

Acknowledged by Academic Advisor _____ Date _____
 Signature

NOTE: The addendum form must be approved before the student may undertake substantial work on the alternative proposal.