



COLLEGE OF PUBLIC HEALTH  
 Department of Community and Behavioral Health  
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APPROVAL OF PROPOSED PhD DISSERTATION

Student Name \_\_\_\_\_

Committee Members:

Dissertation Advisor (CBH )	_____	_____	_____
	Print	Signature	Date
CBH Faculty Member	_____	_____	_____
	Print	Signature	Date
Other Faculty Member	_____	_____	_____
	Print	Signature	Date
Other Faculty Member	_____	_____	_____
	Print	Signature	Date
Other Faculty Member	_____	_____	_____
	Print	Signature	Date
Additional Member (optional)	_____	_____	_____
	Print	Signature	Date
Additional Member (optional)	_____	_____	_____
	Print	Signature	Date

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The research question to be explored is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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