



Dissertation Prospectus Approval Form

Please submit the completed form to the Graduate School of Arts and Sciences or via email to grsrec@bu.edu. All submitted forms must include all signatures.

Name: _____ Program: Please select
BU ID #: _____ Advisor: _____

Date Prospectus was submitted to department: _____

Proposed title of dissertation:

Dissertation Committee Approval

1 st Reader	_____
Name	Department/Program
2 nd Reader	_____
Name	Department/Program
3 rd Reader	_____
(if applicable) Name	Department/Program or outside institution
4 th Reader	_____
(if applicable) Name	Department/Program or outside institution

Required Signatures

Student	_____	Date	_____
Department Chair/Program Director or Director of Graduate Studies	_____	Date	_____