

Comprehensive Exam - Dissertation Proposal Hearing

Name:	_UNM ID Number:			
UNM Email Address:	Est. Graduation (Semester/Yr.):			
Proposal Title:				
Proposed Date of Examination(hearing):				
Dissertation Committee Chair				
Name, Affiliation, & Email	Title	Ap	Approved I	
		YES	NO	
Committee Members				
Name, Affiliation, & Email	Title	Αŗ	Approved	
		YES	NO	
(Please attach a	Abstract ny additional information to	this form)		
Student Signature	Date			