



**University of Mississippi Medical Center
John D. Bower School of Population Health
Dissertation Proposal Approval Form**

Student Full Name: _____ Student ID#: _____

Pursuing Degree: **Doctor of Philosophy** in _____

The committee has read the dissertation proposal of this student and has accepted it as the guide by which the dissertation research will be conducted.

Dissertation Title: _____

_____.

By signing this form, we accept this proposal:

Chairperson, Advisory Committee

Committee Members

Program Director: _____ Date: _____