2/17/2006

FORM C
University of Massachusetts Lowell
Application for Dissertation Proposal Hearing

Name: _____

Email: _____ **Telephone#:** _____

Program Area:
Language Arts and Literacy _____
Mathematics and Science Education _____
Leadership in Schooling _____

Proposal Title: _____

_____

_____

Abstract provided: **YES** **NO**

Proposal submitted to office: **YES** **NO**

Date of Hearing: _____ **Time of Hearing:** _____

Room for Hearing: _____

Date

Student's signature: _____ _____

Chair's Signature: _____ _____

THIS FORM SHOULD BE RETURNED TO THE DEAN'S OFFICE AND PLACED IN THE STUDENT'S FILE