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: ________________________________

Student’s signature: ____________________________ ____________

Chair’s Signature: ________________________________ ____________

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