



# SCHOOL OF PUBLIC HEALTH

## Revisions to Dissertation Proposal

### PART I: Request

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Program

The above student requests approval for revisions to the Dissertation Proposal that have been necessitated by unanticipated events. The Dissertation Committee has reviewed and approved the revisions. The reason(s) for the revisions and the main change(s) are described below. The revised Specific Aims page is attached with both the originally approved and revised text clearly shown.

#### Title of Dissertation Proposal

#### State Reason(s) for Requested Revisions and Summarize Main Change(s) to the Proposal. (Attach additional pages if necessary.)

### PART II: Approvals

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\_\_\_\_\_  
Committee Chair Name

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Name

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date