



SCHOOL OF PUBLIC HEALTH

Revisions to Dissertation Proposal

PART I: Request

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

Committee Chair Name

Committee Chair Signature

Date

Program Director Name

Program Director Signature

Date

Senior Associate Dean, SPH

Associate Dean Signature

Date