## HRS PhD in Health and Rehabilitation Sciences Dissertation Proposal Approval Form

| **Dissertation Committee for** |  |
| --- | --- |
| **Meeting date** |  |
| **Proposed title** |  |
| **Candidate’s signature** |  |
| **Chairperson’s (Advisor) signature** |  |
| **Committee member’s signature** |  |
| **Committee member’s signature** |  |
| **Committee member’s signature** |  |
| **Committee member’s signature (optional)** |  |
| **Committee member’s signature (optional)** |  |

**Please return this form and completed dissertation draft proposal to the Graduate Program Office by sending to Graduate Program Manager, Ashley McCabe, at ashley.mccabe@osumc.edu**