

intent to submit proposal

Please complete and return this form to the Graduate Programs Office in Cushing 202H.
For any questions, please call 617-552-4928.

Student: _____ Date: _____

Intended Proposal Date: _____

Title of Proposed Research: _____

COMMITTEE MEMBERS

Signature indicates willingness to serve on the dissertation committee.

First Reader (Chair) (please print): _____

Signature _____

Second Reader (please print): _____

Signature _____

Third Reader (please print): _____

Signature _____

Fourth Reader (please print): _____

Signature _____

Advisor (please print): _____

Signature _____

ATTACH ABSTRACT OF PROPOSED RESEARCH TO THIS FORM