

The University of Kansas

School of Music
Division of Graduate Studies

RESEARCH PROPOSAL APPROVAL FORM

NAME: _____ DATE: _____

DATE OF COMPREHENSIVE ORAL EXAMINATION: _____

This proposal may not be submitted to your advisory committee until you have successfully completed your comprehensive oral examination.

TO: _____

Proposal for _____ for _____ degree
(thesis, dissertation, document, or lecture recital) (M.M., D.M.A., Ph.D.)

in _____

Proposed title: _____

Candidate: _____ **KU ID** _____

I () approve the proposed project
I () do not approve the proposed project

Please summarize suggestions below, in addition to making detailed comments on the proposal itself. Return the proposal and this form to the Director of Graduate Studies in Music, 460 Murphy Hall.

(signature of committee member)

(date)