

DOCTOR OF ENGINEERING APPROVAL OF A FIELD STUDY PROPOSAL

DATE SUBMITTED _____

NAME _____ LUID# _____

ADDRESS _____ TELEPHONE _____

DEPARTMENTAL AFFILIATION _____

DATE COMPLETED: _____

RECOMMENDATION: _____

The Committee certifies that a significant contribution can be made with this field study.

COMMITTEE

APPROVED

NOT APPROVED

COMMITTEE CHAIR _____

COMMITTEE CO-CHAIR _____

(If Applicable)

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

FIELD STUDY TITLE _____

PLEASE ATTACH A COPY OF THE PROPOSAL.

DEPARTMENT CHAIR

DATE _____

DEAN, COLLEGE OF ENGINEERING

DATE _____

DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____

***IF NOT APPROVED ATTACH SEPARATE PAGE WITH REASON FOR YOUR DISAPPROVAL AND YOUR RECOMMENDATION.**