Lamar University  
Department of Speech & Hearing Sciences  
Doctoral Degree in Audiology (Au.D.)  
Approval of Au.D. Research Proposal

Date: ________________

Candidate’s Name: _______________________  Student ID#: ________________

Doctoral Advisor: _________________________

Research Course Progression:  Yes X  No [ ]
   If Yes is selected above, no signatures are required below and D-5 is not required.

The section below is for those students who complete the Candidacy Paper optional track

Date of Proposal Review: ________________

Proposed Candidacy Paper Title: _________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Recommendations of research Committee: _________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Signatures/Approvals:                               Approved  Not Approved

Chair: ________________________  ________________________  ☐  ☐

Member: ________________________  ________________________  ☐  ☐

Member: ________________________  ________________________  ☐  ☐