**APPROVAL OF SPECIAL PROBLEM OUTLINE**

Name: Degree Sought:

Major: Minor/Cognate(s):

Title:

**Approved:**

**GRADUATE ADVISORY COMMITTEE**

Chairman: ,

Member: ,

Member: ,

REMARKS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Approved:

 *Head, Major Department* *Dean, Graduate School*

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Recorded:

Approved:

*Head, Distance Education Programs Office University Registrar*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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