

**PRE-DISSERTATION APPROVAL FORM**

**STUDENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Quarter and year student entered graduate school

\_\_\_\_\_

Quarter and year student started in current lab

\_\_\_\_\_

Date of advancement to candidacy

\_\_\_\_\_

Expected quarter and year of dissertation defense (F W Sp S)

\_\_\_\_\_

Date of previous committee meeting

\_\_\_\_\_

Comments from dissertation advisor:

Comments from committee members:

Comments from the student:

Date received in office \_\_\_\_\_

Is there a potential conflict of interest that might impact the proposed studies?  
(Conflict of interest may include but is not limited to a circumstance where dissertation advisor has financial interest in outcome of project, reagent or animal model being subject to regulations that affect disclosure, publication or replication of data etc.).

Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes” describe the nature of conflict of interest below or attach a memo describing it:

**COMMITTEE MEMBER AND STUDENT SIGNATURES**

Name	Signature:	Satisfactory Progress?
_____	_____	_____ (Dissertation Advisor)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	(Student)