



**School of Human Sciences  
Dissertation Proposal Evaluation**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**TWU E-mail:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Program:**  Child Development & Early Education  
 Family Studies       Family Therapy

**Results:**  Accepted  
 Revise with Minor Revisions  
 Revise and Re-Defend

**Required Revisions:** (attach separate page if needed)

**Committee Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.*

Revised July 2024

**School of Human Sciences**

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