

**Lamar University**  
**Department of Deaf Studies and Deaf Education**  
**Doctoral Program in Deaf Education (Ed.D.)**  
**Approval of Dissertation Proposal**

Date of Proposal Review: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_ LU#: \_\_\_\_\_

Name of Chair of Doctoral Committee: \_\_\_\_\_

Proposed Dissertation Title: \_\_\_\_\_

Recommendations Made by Doctoral Committee Following Proposal Review: (e.g., accept without revision, rewrite specific sections, change statistical format, add more subjects):

**Signatures/Approvals:**