

This form must be completed and submitted to GSAS by the department or doctoral program.

STUDENT NAME Last: _____ First: _____		STUDENT UNI _____
DOCTORAL PROGRAM _____	<input type="checkbox"/> ICLS	STUDENT PID/ ID NUMBER _____
AREA OF SPECIALIZATION _____		
DISSERTATION SPONSOR _____	CO-SPONSOR (if applicable) _____	

TITLE OF PROPOSED DISSERTATION _____	
DATE OF EVALUATION _____	CHECK HERE IF THE PROSPECTUS IS A REQUIREMENT FOR THE M.PHIL. <input type="checkbox"/>

List the members of the Dissertation Prospectus Committee:

COMMITTEE MEMBER _____	EMAIL _____
DEPARTMENT _____	PHONE _____ UNI _____
COMMITTEE MEMBER _____	EMAIL _____
DEPARTMENT _____	PHONE _____ UNI _____
COMMITTEE MEMBER _____	EMAIL _____
DEPARTMENT _____	PHONE _____ UNI _____

By signing in the “YES” column below, the members of the Dissertation Prospectus Committee approve the proposal indicated above, agreeing that it meets all program requirements and is acceptable in both its content and its timetable for completion. The members voting “YES” thus recommend that the candidate proceed according to the approved proposal and under the supervision of the Dissertation Sponsor named above.

SIGNATURES OF COMMITTEE MEMBERS VOTING “YES”	SIGNATURES OF COMMITTEE MEMBERS VOTING “NO”
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The student has acknowledged the [International Travel Planning Policy](#) and will comply with all pre-departure requirements for dissertation research, including travel to locations requiring travel approvals. The student understands travel cannot be conducted to locations with an ISOS Travel Risk Rating of High or Extreme, or to locations with an ISOS Elevated Evacuation Status, without appropriate approvals.

For more information about these requirements, visit [Planning Columbia-Related International Travel](#).

Please complete this section **ONLY** if members of the defense committee are different than the dissertation prospectus committee.

COMMITTEE MEMBER	EMAIL	
DEPARTMENT	PHONE	UNI
COMMITTEE MEMBER	EMAIL	
DEPARTMENT	PHONE	UNI
COMMITTEE MEMBER	EMAIL	
DEPARTMENT	PHONE	UNI

For GSAS use APPROVED _____ DATE _____