SAST PHD QUALIFYING PAPER APPROVAL & COVER SHEET

(to be submitted with the approved qualifying paper during the 4th semester)

Student name: Date:

Student Signature:

Title of Paper:

QUALIFYING PAPER REVIEW COMMITTEE

|  |  |  |
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| Print Name | Signature | Date |
| 1. |  |  |
| 2. |  |  |
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**Graduate Chair:**