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

|  |  |  |
| --- | --- | --- |
| Print Name | Signature | Date |
| 1.  |   |   |
| 2.  |   |   |
| 3.  |   |   |

**Graduate Chair:**