

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:
