

Lamar University
Department of Speech & Hearing Sciences
Doctoral Degree in Audiology (Au.D.)
Approval of Au.D. Research Proposal

Date: _____

Candidate's Name: _____ Student ID#: _____

Doctoral Advisor: _____

Research Course Progression: Yes No

If Yes is selected above, no signatures are required below and not required.

The section below is for those students who complete the Candidacy Paper optional

Date of Proposal Review: _____

Proposed Candidacy Paper Title: _____

Recommendations of research Committee: _____

Signatures/Approvals:

Approved Not Approved

Chair: _____

Member: _____

Member: _____