Attachment 3

Completion Dossier Plan and Approval Form

Student Name ___________________________   Date: ____________________

Projected Quarter and Year for Dossier Review and Program completion:_______

First Substantive Academic Product

Title: ___________________________

Where Developed?

1-2 sentence overview:

Second Substantive Academic Product

Title: ___________________________

Where Developed?

1-2 sentence overview:

Third Substantive Academic Product

Title: ___________________________

Where Developed?

1-2 sentence overview:

First Substantive Academic Product

Title: ___________________________

Where Developed?

1-2 sentence overview:

Application Product Option: ____________________________

Approvals:

Advisor: ____________________________                      (signature)    (date)

Second Reader: ____________________________                   (signature)    (date)

Note additional timeline agreements (e.g., dates for giving draft introduction or reflections to the advisor on the reverse side of this form.)