

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.

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The section below is for those students who complete the Candidacy Paper optional  
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Date of Proposal Review: \_\_\_\_\_

Proposed Candidacy Paper Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations of research Committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signatures/Approvals:

Approved Not Approved

Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_