

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:

Fourth 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.