



BOSTON COLLEGE
Connell School of Nursing

Intent to Submit Dissertation Proposal

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall
For any questions, please call 617-552-4928 or fax 617-552-2121.

Student / Candidate: _____

Date: _____

Title of Dissertation: _____

DISSERTATION COMMITTEE CHAIRPERSON

Signature below indicates that the chairperson has reviewed the dissertation proposal and agrees that the student / candidate may distribute to dissertation committee members and submit to the graduate programs office. Committee members must be allowed a minimum of 14 days to review the proposal prior to scheduling the dissertation proposal defense hearing.

Dissertation Committee Chairperson (please print): _____

Signature _____

PLEASE ATTACH ABSTRACT AND COPY OF DISSERTATION PROPOSAL TO THIS FORM AND SUBMIT
TO GRADUATE PROGRAMS OFFICE IN MALONEY 219