

Approval of DMA Document Proposal

TCU School of Music-College of Fine Arts

Last First Middle

TCU ID#: _____

The undersigned have approved this document proposal as of _____
Date

Signatures:

Committee Chair Date

Committee Member Date

Committee Member Date

Committee Member Date

Committee Member Date

* * * * *

Associate Dean/College of Fine Arts Date

cc: Registrar
Graduate Office
School of Music
Student

Instructions: The Committee Chair will bring this form to the Committee Meeting and return it completed and signed to the CFA Graduate office.