



Report of Proposal Defense Examination

(This form should be completed and filed with the
Ph.D. Program Coordinator within one week of examination completion.)

Student Full Name: _____ **Advisor:** _____

Date of Proposal Defense Examination: _____

Proposed Dissertation Title

The above-named candidate has been examined by the committee with the following decisions:

DISSERTATION PROPOSAL DEFENSE & ORAL AND WRITTEN OUTCOME:

_____ Pass with Revisions _____ Fail with Option to Re-take _____ Fail

In the case of **Pass with Revisions** or **Fail with Option to Re-take**, please list required changes or attached separate sheet.

In the case of **Pass with Revisions**, check the appropriate box:

- Advising Committee members are required to approve changes
- Advisor alone can approve changes



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Name	Signature
Advisor: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____

To be completed by the Moderator:

- Were all committee members present? Yes No
- Was the examination fair? Yes No
- Was the candidate treated fairly and respectfully? Yes No
- Was the exam comprehensive? Yes No

Submitted by:

Moderator Name: _____

Moderator Signature: _____

Approved by: _____
Associate Dean, Graduate Studies and Research