Graduate Student Proposal Defense Decision

Student Name: ________________________________

Check if: ___ M.S. ___ Ph.D.

Date of Proposal Defense: ______________

Committee Chairperson (Required): ________________________________
Committee:
  Out-of-Area Member (Required) ________________________________
  Other (Required) ________________________________
Dean’s Representative (Ph.D. Only) ________________________________
  Other (Optional) ________________________________
  Other (Optional) ________________________________

Decision of the Committee: ___ Pass ___ Contingent Pass ___ Fail

If there are contingencies, further requirements, or the exam needs to be retaken, please explain below:

Will the student be allowed to present another proposal defense? ___ Yes ___ No

Signatures:

_____________________________________________________________
Committee Chairperson     Date