

Dissertation Proposal Defense Form

Name of Candidate: _____

Title of Dissertation: _____

DATE OF DEFENSE: _____

RESULT OF EXAMINATION: (CHECK ONE)

- a) _____ Pass, with no substantive revisions
- b) _____ Pass, with minor substantive revisions
- c) _____ Fail, need major revisions and require another defense

Other comments or conditions: _____

First Mentor Signature PRINT NAME DATE

Second Mentor Signature PRINT NAME DATE

External Reviewer Signature PRINT NAME DATE

Ph.D. Program Director Signature

DATE