

## **Ph.D. Dissertation Proposal Hearing Application**

	Dissertation P	Proposal Hearing Da	ate Held:			
		_		Month	Day	Year
At the propo	osal hearing date,	itted to the Academi , the student should I g. The proposal hear	bring his/her copy o	of the dissertat	tion proposal a	nd notes to
Student Name:	Last Name,	First Name	SID #:			
Day Phone #:			Email:			
Title of Proposed [	Dissertation:					
******	*******	******	******	*****	*****	******
FOR OFFICE USE		K ONE)				
a) Pas	ss, with no substa	ntive revisions				
b) Pas	ss, with minor sub	stantive revisions				
c)Fail	, need major revis	sions and require ano	ther hearing			
Other comments or o	conditions:					

Approval by Dissertation Committee				
irst Mentor Signature	PRINT NAME	DATE		
econd Mentor Signature	PRINT NAME	DATE		
External Reviewer Signature)	PRINT NAME	DATE		
To Be Sig	gned by the Ph.D. Program Director			