

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