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