

Dissertation Proposal & Final Defense Form

Student Name: _____

Dissertation Title:

Proposal Defense

Final Dissertation Defense

Defense Date: _____

Approval Signatures of Dissertation Committee:

Committee Member 1 (Chair): _____ (print) _____ (sign)

Committee Member 2: _____ (print) _____ (sign)

Committee Member 3: _____ (print) _____ (sign)

Committee Member 4: _____ (print) _____ (sign)

Committee Member 5: _____ (print) _____ (sign)

Defense Result:

Pass, no condition **Pass, with condition** **Fail**

If “Pass, with condition,” use space below to record committee comments (or attach additional documentation with comments) that must be addressed by the candidate.

Revisions Due Date: _____

If “fail,” please attach separate documentation addressing Program Director with details.

Program Director Signature: _____ **Date:** _____