

## PhD DISSERTATION PROPOSAL DEFENSE COMPLETION FORM

STUDENT NAME: \_\_\_\_\_

DEFENSE DATE: \_\_\_\_\_ STUDENT NUMBER: V00 \_\_\_\_\_

THESIS PROPOSAL TITLE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Members of the above student's supervisory committee have reviewed the above named proposal and consider it to be:

- ☐ acceptable as submitted
- ☐ acceptable contingent on outcome of preliminary study - approved by supervisor/date \_\_\_\_\_
- ☐ acceptable with the indicated modifications - approved by supervisor/date \_\_\_\_\_
- ☐ unacceptable

**Comments:****Committee Signatures:**\_\_\_\_\_  
Supervisor\_\_\_\_\_  
Department Member (or co-supervisor)\_\_\_\_\_  
Outside MemberNoted for the Department: \_\_\_\_\_  
Graduate Advisor☐ Electronic copy to supervisor☐ Electronic copy to student☐ Original in student's file