

PhD Proposal Defense Report

Return the completed and signed form with your Proposal Summary to the ME Graduate Office.

Name _____
Last First Middle

UID _____ Phone _____

Date of Proposal Defense: _____

The Committee evaluated this proposal defense as follows:

Pass

Pass with Corrections

Fail

Corrections Summary:

Committee Signatures (you are concurring with the attached Proposal Defense Summary and any corrections noted above)

Chair: _____
Name Signature

Member: _____
Name Signature

Member: _____
Name Signature

Member: _____
Name Signature

Member: _____
Name Signature