

PhD Proposal Defense Report

Return the completed and signed form with your Proposal Summary to the ME Graduate Office within 1 week after defense.

NAME: _____

STUDENT ID#: _____ EMAIL: _____

Proposal Defense Date: _____

The Committee evaluated this proposal defense as follows:

Pass

Pass with Corrections

Fail

Corrections Summary (to be completed by Chair - use additional pages, if necessary):

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

Chair: _____
Name Signature Department

Member: _____
Name Signature Department

Member: _____
Name Signature Department

Member: _____
Name Signature Department

Member: _____
Name Signature Department