

## 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