



School of Graduate Studies – Thesis Proposal Defense Form
Return this completed form to the Graduate Office, BSB 3-114A

Name: _____ Date: _____

Laboratory: _____

Title of Proposal: _____

Outcome of Examination:

Comments:

Pass

Conditional Pass

Fail

Thesis Committee Members (voting members):

Presiding Member (print): _____ Signature: _____

Thesis Advisor (print): _____ Signature: _____

Thesis Advisor (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Requirements for Pass if Outcome is Conditional Pass ONLY:

Deadline for completing Pass requirements: _____

Please submit this form not later than one week post-Proposal.