

# Dissertation Defense Proposal Form

**Candidate:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

## Proposal Information

Defense Date: \_\_\_\_\_ Defense Time: \_\_\_\_\_ AM/PM

## Attempt Number:

First:  Second/Final:

**Proposal Location:** \_\_\_\_\_

## Proposal Title:

**Examination Results:** Pass:  Fail:

## Committee Member Signatures:

\_\_\_\_\_  
Chair:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Chair/Member:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member:

\_\_\_\_\_  
Date