

Notification of Ph.D. Thesis Proposal Results

Student Name:

GTID:

Date of Proposal Presentation:

Title of Proposed Thesis:

To: Dr. Jim Mulholland
Associate Chair for Graduate Programs

The Ph.D. Thesis Advisory Committee, consisting of the faculty members listed below, met on _____ to evaluate the above named student's Ph.D. thesis proposal. The committee's results follow:

RESULTS

Committee Chair	School	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
Committee Member	School	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
Committee Member	School	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
Committee Member	School	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
Committee Member	School	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
Committee Member	School	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed

Approved _____
Dr. Advisor

Date _____

Approved _____
Dr. Jim Mulholland
Associate Chair for Graduate Programs

Date _____