



PhD Dissertation Proposal Defense

(Doctoral Qualifying Exam in Graduate Student Tracking)

Complete and submit to the Academic Coordinator.

Name:	UNID:
Email:	Date:
Expected Graduation Date:	
Date of Defense:	
Passed:	Failed:

Chair:	Signature:
Member:	Signature:
Member:	Signature:
Member:	Signature:
Member:	Signature:

Please note that the majority of the signatures of the supervisory committee need to be original signatures. The chair must be included in this majority.