## Dissertation Proposal Defense Report Th.D. Program



**Committee Chair:** Please submit the completed report to the Th.D. director Name of Student Proposed Dissertation Title \_\_\_\_\_ **Date of Proposal Defense Committee Action:** \_\_\_\_ Approve \_\_\_\_ Accept with minor revision (chair empowered to verify) \_\_\_\_ Request revision and resubmission \_\_\_\_ Decline and discontinue from program PRINTED NAME **SIGNATURE** \_\_\_\_\_ (Chair)