



EVALUATION OF PROPOSAL DEFENSE

Student Name

Proposal Defense Date

Proposed Thesis Title

The following evaluation should be completed by the Faculty Dean/Dept. Chair or Presider of the Thesis Committee. It should reflect the consensus decision of the Thesis Committee. All members of the Thesis Committee should sign the bottom of this form to assert that they agree with the consensus decision.

Select one

Approved	Approved with revisions	Rejected with chance for another defense	Rejected

Recommendations for the Student are attached

Name of Presider/Moderator

Signature

Name of Research Advisor

Signature

Name of Committee Member

Signature

Name of Committee Member (optional)

Signature

This completed form, along with attached rubrics and recommendations, should be scanned or photocopied. The scans/copies should be sent to the **Student** and **Committee Members** within one working day, and the originals should be given to the **Registrar**.