REPORT OF ORAL REVIEW OF DISSERTATION PROPOSAL

Candidate’s Name

ID# ____________________ Program Name Media, Culture, and Communication (MCCD)

Title of Proposal

Degree Ph.D. ______________ Date of Oral Review ______________

Outcome of Review

______ I. Proposal approved. (Review panel may have offered suggestions, which are not a matter of official record, to the candidate and the dissertation committee.)

______ II. Proposal approved with agreed upon revisions. (Attached are the review panel’s comments and the candidate’s responses, endorsed by the chairperson of the dissertation committee and approved by the chairperson of the review panel. Attachments to the Office of Graduate Studies only).

______ III. Proposal not approved. (Basis for disapproval attached, signed by the reviewers.)

Committee

Name ______________________ Signature ______________________

Chair: ______________________

Member: ____________________

Member ____________________

Reviewers

Name ______________________ Signature ______________________

Member: ____________________

Member: ____________________

Member: ____________________

Distribution: (7 Copies): Office of Graduate Studies (original plus one copy and the attachments); candidate; each member of the dissertation committee; coordinator’s file.
Proposal Review: Suggestions for Revision

1. The following suggestions for revision were accepted by the student and Chairperson of the dissertation committee. (Attach another sheet if necessary.)

2. The following suggestions for revision were rejected by the student and Chairperson of the dissertation committee. (Attach another sheet if necessary.)

______________________________  ____________________________
Student                        Chair of Dissertation

______________________________  ____________________________
Member of Review Panel          Member of Review Panel