

REPORT OF ORAL REVIEW OF DISSERTATION PROPOSAL

CANDIDATE INFORMATION

		N
First Name	Last Name	ID Number
Department	Program	

Title of Proposal:

Date of 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 response, endorsed by the chairperson of the dissertation committee.)
- ___ III. **Proposal Disapproved** (Basis for disapproval attached. The proposal should be submitted for re-review after it has been reworked and approved by the dissertation committee. A new Dissertation Proposal Cover Sheet signed by the dissertation committee should be submitted with the revised proposal.)

Name (print clearly or type)	Signature
Committee Chair _____	_____
*Member _____	_____
*Member _____	_____
Reviewer _____	_____
Reviewer _____	_____
_____	_____

*Note: According to School policy, the dissertation committee chair and a minimum of two reviewers must sign this form. The signatures of the dissertation committee members are optional.

Distribution (7 copies): Office of Doctoral Studies (two copies with attachments), Dissertation Committee Chair and Members (one copy each with attachments), Department File, Candidate (one copy)