Proposal Defense Report (PhD, DA, MS)
Department of Biological Sciences

Place a completed copy of this form in the student’s file within 1 week of the exam.

Student Name: ___________________________ ID# ____________
Proposal defense date: ___________ Degree program: PhD: _____ DA: _____ MS: _____
First attempt at exam: yes: ____ no: ____
Exam outcome: passed: ____ failed: ____
Comments: (include suggested remedial actions if student did not pass)

Student’s signature: ___________________________ date: ____________

Advisor:

____________________________ (print name) ______________________ (signature) _____________

Committee members:

____________________________ (print name) ______________________ (signature) _____________

____________________________ (print name) ______________________ (signature) _____________

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Updated August 2009