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

**Place a completed copy of this form, along with the student’s written proposal, 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: Exam outcome: passed:

no: failed:

Comments: (include suggested remedial actions if student did not pass)

Student’s signature: date:

Advisor:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (print name)Committee members: |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |

*Updated August 2009*