

**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)	_____ (date)
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Committee members:

_____ (print name)	_____ (signature)	_____ (date)
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_____ (print name)	_____ (signature)	_____ (date)
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_____ (print name)	_____ (signature)	_____ (date)
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_____ (print name)	_____ (signature)	_____ (date)
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