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: ____ no: ____

Exam outcome:  passed: ____ failed: ____

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

Student’s signature: ___________________________ date: _____________

Advisor:

____________________________  ___________________________ (print name) (signature) (date)

Committee members:

____________________________  ___________________________ (print name) (signature) (date)

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