



PhD Proposal Defense Report

This form is required for all CS PhD students and due to the department office after oral exam is complete.

Student Information:

Name: _____ M# _____

Advisor name (s): _____

Examination Results (advisor will check Pass or Failure)

[] Pass: The examining committee found the student's knowledge and understanding satisfactory. No more than one member may dissent.

[] Failure (more than one "Fail" box checked below): The examining committee found the student's knowledge and understanding unsatisfactory. Recommendation detailed in comments below.

Committee Approval Signatures

Print committee names (including advisors) in the "Printed Name" column. Attach a second sheet to add more members.

Table with 3 columns: Check appropriate box, Signature, Printed Name. It contains five rows for committee members, each with 'Pass' and 'Fail' checkboxes.

For failure results, provide comments or conditions regarding the oral examination (Please attach any written conditions that were given to the student).

Empty rectangular box for providing comments on failure results.

Please provide comments on changes required for written work.

(Please attach any written conditions that were given to the student).

Empty rectangular box for providing written conditions for the student.

Have graduate assessment forms (GLOs) been completed for the candidate?

Yes/No checkboxes for GLO completion.

Graduate Program Director or Chair

Date: _____

Enter D6 in Banner 8: _____