Ph.D.

Dissertation Proposal and Oral Exam

Completion Form

Student Name: _____ Student Number:_____

The above named candidate has PASSED FAILED

The presentation of dissertation proposal and oral exam concluded on _____
according to the Committee. Date

Signatures of Committee Members
(Please sign full names legibly) Pass Fail

_____

Chair

_____

Member

_____

Member

_____

Member

_____

Member

Submitted by: _____ _____ Department/Program:_____
Advisor Date

_____ _____
IMS Coordinating Committee Member Date