



Thesis Proposal Form

Student name: _____

Proposal Date: _____

Thesis Proposal Title: _____

Outcome of Proposal Defense:

- Passed no revisions needed
- Conditional pass revisions needed (complete Dissertation Proposal Revision Form)
- Fail

Is this the student's First or Second Proposal Defense?

First

Second

If the student failed, what is the plan for a second attempt? If this is the second attempt, contact the Graduate Director.

Major Professor: _____

Print name

Signature

Department Member: _____

Print name

Signature

Print name

Signature