



### Doctoral Dissertation Proposal Defense Form

Student's Name: \_\_\_\_\_ UGA ID Number \_\_\_\_\_

Student's Major and Emphasis Area: \_\_\_\_\_

Date of Dissertation Proposal Defense: \_\_\_\_\_

Date of prior Comprehensive Exam Completion: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

#### PhD Advisory Committee Members' Votes:

Print/Type Name	Signature	Date	Pass	Fail
_____ (chair)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____

#### Graduate Coordinator Approval

Print/Type Name	Signature	Date
_____	_____	_____

Initials/Date Received by CENGR Grad Program Office: \_\_\_\_\_