



**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:  
\_\_\_\_\_  
\_\_\_\_\_

**Ph.D. Advisory Committee Members' Votes:**

Print/Type Name	Signature	Date	Pass	Fail
_____(Chair)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____(member)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____(member)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____(member)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____(member)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Graduate Coordinator Approval**

_____	_____	_____
Print/Type Name	Signature	Date

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