



Office of the Registrar

PhD Research Proposal Examination Approval

Current Semester: Fall Winter Spring Summer Today's Date: ___/___/____ (DD/MM/YY)

Student Name:

First

Middle

Last

Student ID Number:

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Program _____

Research Proposal Examination Approval

_____	_____	_____
Committee Chair Name:	Signature:	Date
_____	_____	_____
Committee Member Name:	Signature:	Date
_____	_____	_____
Committee Member Name:	Signature:	Date
_____	_____	_____
Committee Member Name:	Signature:	Date

The result of the examination was Pass (Student can be changed to PhD Candidate)

Fail without retake

Fail with retake which must be completed by ___/___/___

Comments: (for official Use Only):

Graduate Program Coordinator:

Received by: _____
Date: _____

Registrar 's Office:

Received by: _____ Date: _____

Approved Yes No

Processed by: _____ Date: _____