

PHD DISSERTATION PROPOSAL DEFENSE FORM

INSTRUCTIONS:

1. The Faculty Advisor is responsible for obtaining the signatures of individual committee members.
2. Return the signed form to the Office of Student and Academic Services via email at cph@unthealth.edu.

STUDENT INFORMATION:

Student Name: _____ Student ID: _____
Last First

Student Email: _____

Concentration: ____ Epidemiology ____ Health Behavior Research

DISSERTATION INFORMATION:

Date of Presentation: _____

Decision of the Committee:

____ Pass ____ Defer with Minor Revisions ____ Defer with Major Revisions ____ Fail

The candidate must be provided with a description of the required changes or corrections.

Signatures below indicate that you agree with the decision made by the committee and the decision must be unanimous.

If the proposal defense is adjourned with a decision of "Fail", attach a summary regarding the circumstances and recommended actions. A decision of failure will result in an unsatisfactory annual review.

Faculty Advisor Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

MS/PhD Program Director Signature

Date