

RESULT OF THE PhD. DISSERTATION PROPOSAL ORAL EXAM

DATE SUBMITTED _____
STUDENT NAME _____ LU ID _____
EMAIL ADDRESS _____ TELEPHONE _____
DEPARTMENTAL AFFILIATION _____

DISSERTATION PROPOSAL MEETING

TENTATIVE DISSERTATION TITLE

EXAM DATE _____

RECOMMENDATION of COMMITTEE:

1. APPROVES PhD. DISSERTATION PROPOSAL _____
2. DISAPPROVES PhD. DISSERTATION PROPOSAL _____
3. CONDITIONS _____ (SPECIFY CONDITIONS):

PhD. DISSERTATION ADVISORY COMMITTEE

COMMITTEE CHAIR: _____	_____
(Dissertation Advisor)	SIGNATURE
NAME (Print or Type)	

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

DEPARTMENT GRADUATE COORDINATOR

DATE _____

DEPARTMENT CHAIR

DATE _____

COLLEGE DEAN

DATE _____

DEAN OF GRADUATE STUDIES

DATE _____