

STUDENT INFORMATION

CANDIDATE NAME:

Last _____ First _____ Middle _____

ANTICIPATED DEGREE: MA MS MPH PHD

DEPARTMENT/PROGRAM: _____ DATE: _____

TITLE OF DISSERTATION THESIS PAPER PROJECT PROPOSAL:

RECOMMENDATION

A. In the judgment of the Committee, this Dissertation/Thesis/Project/Paper

fulfills does not fulfill

the requirements for the degree.

B. Comments: (Remarks on critical ability, power of synthesis, etc. In case of failure, suggestions for improvement.)

COMMITTEE MEMBERS APPROVAL

Instructions: It is the duty of the chairperson of the committee to have a joint meeting with the other committee members, and to return the confidential report of this committee promptly to the Graduate School.

	Printed Name	Signature	Date
Committee Chair			
Member			
Member			
Member			
Member			
Member			