

GCH 998 Dissertation Proposal Defense Outcome Form

This form is to be completed by the dissertation chair, and confirms the outcome of the dissertation proposal defense and outlines the decisions made by the Committee. The student agrees to abide by the terms and consequences set forth in this form in case of a "Failure" outcome. Please retain a copy of this form for your records.

	NAME	EMAIL	DEPARTMENT	MASON GRADUATE FACULTY	
COMMITTEE CHAIR				Yes	No
SECOND MEMBER				Yes	No
THIRD MEMBER				Yes	No
FOURTH MEMBER				Yes	No

STUDENT NAME: _____

PROPOSAL DEFENSE DATE _____

PROPOSAL TITLE: _____

OUTCOME Please check one of the following options:

Unconditional Pass

Did Not Pass

Committee Terms Decision (only applicable if the outcome is "Did Not Pass") Please select one of the following options from the dropdown.

SIGNATURES

Signature

Date

Committee Chair _____

Second Member _____

Third Member _____

Fourth Member _____

STUDENT ACKNOWLEDGEMENT (to be signed by the student)

I, the undersigned student, hereby acknowledge and agree to the following:

1. I acknowledge the outcome of the proposal defense.
2. I understand the consequences of a "Did Not Pass" outcome as decided by the Committee.
3. I agree to abide by the terms set by the Committee, if applicable.

By signing below, I confirm that I have read, understood, and agree to comply with the above-stated terms and conditions.

Student's Signature:

Student _____ *Date* _____