



Dissertation Proposal Exam Form

Students should complete the top portion of this form and returned it to the department Graduate Staff after securing the signature from the Dissertation chair. After the Proposal Defense, this form should be completed and returned to the Program Director.

Student Last Name	Student First Name	UMID
Program Name	Department	Faculty Advisor
Proposal Exam Date	Dissertation Date - Tentative	First Enrollment Date

Tentative Title of Dissertation: _____

Select one: First Attempt ____ Retake ____

Dissertation Committee Members	Overall Rubric Assessment
1.	
2.	
3.	
4.	
5.	

I completed my Pre-defense meeting with my Research Advisor and I am eligible to defend my Dissertation

Proposal on _____

(Date for Dissertation Proposal Exam) _____ **Student Signature** _____ **Date** _____

Overall Assessment Results: PASS FAIL (retake allowed) FAIL (retake not allowed)
(All Overall Rubric results must assess candidate as PASS.)

Dissertation Committee Chair **Date**

Program Director, please submit to the completed form to the Associate Dean along with a copy of each committee member's Rubric, written proposal report, and the Recommendation for Candidacy Form (if successful) for signature.

Program Director (signature)	Date
Associate Dean for Graduate Education and Research (signature)	Date