

proposal defense form

Please complete and return this form to the Graduate Programs Office in Cushing 202H.
For any questions, please call 617-552-4928.

Date: _____

Place: _____

Time: _____

Name: _____

Address: _____

Telephone: _____

Title of Dissertation: _____

COMMITTEE MEMBERS
Signature indicates approval of proposal.

First Reader (Chair) (please print): _____

Signature _____

Second Reader (please print): _____

Signature _____

Third Reader (please print): _____

Signature _____

Fourth Reader (please print): _____

Signature _____

COMMENTS OF COMMITTEE

Reschedule Date (if necessary): _____

Date filed with Associate Dean, Graduate Programs, CSON: _____