REPORT OF PROPOSAL REVIEW MEETING

Name: ____________________________________________________________

Area: __________________________ Program: __________________________

Date of Meeting: ______________ Place of Meeting: ______________________

During the Proposal Review Meeting, this form should be signed by all members of the committee. Indicate approval or disapproval, below. All members of the committee and the student must be physically present during this face-to-face meeting.

_______ 1. Accepted as submitted.

_______ 2. Accepted as modified in the Proposal Review Meeting. (Attach a brief statement of major modifications.)


Comments/Revisions (attach an additional page if necessary):

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Signatures:

Professor in Charge of Research _______________________________ Date _______________

Committee Member _____________________________________________

Committee Member _____________________________________________

Committee Member _____________________________________________

09/15