



Dissertation Proposal Defense Results

Department of Electrical Engineering

Student Name: _____
First Name *Last Name*

Student ID: _____

Major Professor(s): _____

Date of Proposal Defense: _____

Title of Proposal: _____

Decision of Committee: _____

(Write "Pass" or "Fail" or "Adjourn")

Signature of Approval (Please sign and print name):

Signature

Print

Major Professor _____

Co-Major Professor _____

Member _____

Member _____

Member _____

Member _____

Member _____

Signing Program Coordinator (Sign & Print): _____

PLEASE SUBMIT THE FORM TO MR. JASON MIERITZ.