USC Rossier
School of Education

# REPORT ON DEFENSE OF DISSERTATION PROPOSAL

Name: _____ Date: _____
Last First MI

USC ID #: _____ E-Mail: _____

Advisor: _____ Phone: _____
(Area Code)

☐ **PROPOSAL APPROVED**

Dissertation Topic: _____

_____

☐ **PROPOSAL APPROVED WITH COMMENTS**

**Student must complete/satisfy the following conditions prior to approval of dissertation proposal:**

(1) _____

(2) _____

(3) _____

Conditions must be met by the following date _____

Follow up meeting required ____Y ____N Scheduled on _____/_____/_____

☐ **PROPOSAL NOT APPROVED**

**NOTE:** Student has two opportunities to present his/her proposal and seek unanimous approval from the committee.

**DISSERTATION COMMITTEE**: _____ _____
Chair Date

_____ _____
Member Date

_____ _____
Outside Member Date

***PLEASE RETURN COMPLETED FORM TO Ph.D. PROGRAM OFFICE***

Date Received: _____ _____ Filed: _____
Ph.D. Program Office