



**Doctoral Dissertation Proposal Defense Form**

Student Name: \_\_\_\_\_ UGA ID Number \_\_\_\_\_

Date of Oral Comprehensive Exam Completion: \_\_\_\_\_

Approved Program of Study Attached Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Proposal Defense: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

**Vote of Student’s PhD Advisory Committee:**

Print Name	Signature	Date	Pass	Fail
_____ (chair)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____
_____ (member)	_____	_____	_____	_____

**Approvals**

\_\_\_\_\_  
School Graduate Director                      Date

\_\_\_\_\_  
School Chair                                      Date

\_\_\_\_\_  
College Graduate Coordinator              Date