

Program Defense Evaluation

Student: _____

Defense Date: _____

Research Title: _____

Faculty Committee Members:

1) _____

4) _____

2) _____

5) _____

3) _____

6) _____

The student has _____ passed the written proposal defense.
_____ conditionally passed * (_____ Faculty Advisors Initials)
_____ not passed

The student has _____ passed the oral proposal defense.
_____ conditionally passed * (_____ Faculty Advisor Initials)
_____ not passed

* For "conditional passes" the student and Faculty Advisor should acknowledge the specific objectives by signing below. Following completion of objectives the Faculty Advisor should initial in the space provided and forward the form to the Director of Ph.D. Graduate Program.

If the student has conditionally passed, or not passed either part of the defense, list below the specific objectives which must be met for the student to pass the proposal defense. Include the date by which these objectives must be met.

Student Signature

Faculty Signature

Student has fulfilled all requirements and
Is admitted to Candidacy

Director of Ph.D. Graduate Program Signature

Degree Granting Program

___ Biochemistry and Molecular Genetics
___ Biology
___ Interdisciplinary Program in Biophysics
___ Biomedical Engineering
___ Cell Biology
___ Chemistry

___ Chemical Engineering
___ Experimental Pathology
___ Microbiology
___ Molecular Physiology & Biological Physics
___ Neuroscience
___ Pharmacology