

ADVISER'S REPORT ON MASTER'S PROPOSAL DEFENSE

Student Name _____

Meeting Date _____

Committee Members
Present

Approved

Approved with revisions as described below

Not approved

Proposal Evaluation

**Additional Progress
Evaluation**

Remedial
Requirements

Communication
Requirements



Attach a copy of your proposal to this completed form and return to Graduate Administrative Assistant in 302 Walker Building, no later than October 1.

Adviser's Signature _____

Date _____