

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 _____