



Dissertation Proposal Hearing Outcome Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: _____ Location: _____ Time: _____

Student / Candidate's Name: _____

Title of Dissertation: _____

OUTCOME: _____ PROPOSAL PASSED
 _____ PROPOSAL PASSED WITH REVISIONS*
 _____ PROPOSAL REJECTED – REVISE, RESUBMIT & RESCHEDULE PROPOSAL HEARING
 _____ PROPOSAL REJECTED

***REVISIONS TO BE APPROVED BY:** _____ Full committee
 _____ Committee chairperson
 _____ Committee member (please specify) _____

Committee Chairperson (please print and sign)

Fourth Committee Member (optional) (please print): _____
