



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): _____

Signature _____

Second Committee Member (please print): _____

Signature _____

Third Committee Member (please print): _____

Signature _____

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

Signature _____

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

Signature _____