

# Proposal Defense Approval

Students Name: \_\_\_\_\_ W# \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Proposal: \_\_\_\_\_

Please type in the name and email of the committee members. The committee member will sign under favorably or unfavorably. If the committee member is not present, an X can be put in place of a signature.

Committee members	Email
Chair	
Member	
Member	
Member	
Grad Faculty Rep	

Favorable

Unfavorable

Chair	
Member	
Member	
Member	
Grad Faculty Rep	