

# MILESTONE REPORT FORM

**NOTE:** FORM DUE TO DEPARTMENT OFFICE IMMEDIATELY FOLLOWING MEETING

**STUDENT** \_\_\_\_\_ **W#** \_\_\_\_\_

**PROGRAM (Clinical, Experimental).** Please Circle One

## TYPE OF MILESTONE:

**Date Milestone Completed:**

____/____/20____	Master's Thesis Proposal
____/____/20____	Master's Thesis Defense
____/____/20____	Comprehensive Examination for admission to Ph.D. candidacy
____/____/20____	Dissertation Proposal
____/____/20____	FINAL Dissertation Defense

**Thesis Title:**

**Dissertation Title:**

## COMMITTEE MEMBERS:

	(Name typed or printed)	(Signature)
Major Professor	_____	_____
Committee Member	_____	_____
Committee Member	_____	_____
Committee Member	_____	_____
Outside Committee Member	_____	_____

## RESULTS OF MEETING:

On \_\_\_\_\_, the student's committee voted to \_\_\_\_\_PASS/ \_\_\_\_\_FAIL the student on the milestone indicated above, with \_\_\_\_\_ votes recommending passage, and \_\_\_\_\_ votes recommending failure.

For failure, it is requested that the committee members outline the reasons for failure and recommendations regarding remediation (if appropriate) on the reverse side of this form.

**COMMENTS/REQUIREMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_