

## PH.D. IN BIOLOGICAL SCIENCES – THESIS PROPOSAL DEFENSE FORM

Return a copy of your thesis defense and the completed form to the Graduate Programs Office, Mellon Institute 418.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

**Outcome of Examination:**

Comments:

- Pass
- Conditional Pass
- Conditional Fail
- Fail

**Research Advisory Committee Members:**

Thesis Advisor (print): _____	Signature: _____
Name (print): _____	Signature: _____
Name (print): _____	Signature: _____
Name (print): _____	Signature: _____

**Student Signature:** \_\_\_\_\_

**Requirements for Pass if Outcome is Conditional Pass/Fail ONLY:**

**Deadline:** \_\_\_\_\_

**For Conditional Pass/Fail:**

I certify that the requirements of the conditional pass have been met and that the student has passed.

Thesis Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_