

Carnegie Mellon
DEPARTMENT OF BIOLOGICAL SCIENCES

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 415.

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: _____