Thesis Proposal Decision and Feedback Summary

Send by e-mail to the Student and Lorna Williams (lornaw@andrew.cmu.edu)

**Date:**

**Student:**

**Committee Chair:**

**Overall Assessment (select one):**

High Pass Pass Minor Revisions Major Revisions

# Summary

Committee Chair: Please summarize the committee’s evaluation of the thesis proposal, emphasizing any major weaknesses that will need to be addressed in the form of a revised proposal. Send this form along with the individual critiques to the student.

Student: The revised thesis proposal will be due **2 weeks** from the date on which you receive this form.

**Feedback:**