

## Dissertation Proposal Review Sheet

Name of Candidate \_\_\_\_\_

Dissertation Title \_\_\_\_\_

Date Received \_\_\_\_\_ Desired Time and Date  
of Oral Examination \_\_\_\_\_

Committee Members Chairperson \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Return date to Committee Chairperson \_\_\_\_\_

---

---

### Evaluation

(to be completed by each committee member)

Overall Evaluation

Unsatisfactory       Marginal       Satisfactory       Honors

Comments and suggested revisions

---

---

---

---

---

---

---

---

Evaluator Printed Name      Signature      Date