



Proposal Defense & Preliminary Oral Examination Form

STUDENT INSTRUCTIONS – Complete Section I and submit this form to your Major Professor

Section I. To be completed by the Masters Student				
Student Name	First	M.I	Last	Student ID Number
Mailing Address				Telephone
City	State	Zip code		Email
Thesis Title				
<input type="checkbox"/> 1 st attempt <input type="checkbox"/> 2 nd attempt			Major Professor	
SECTION II. To be completed by the Thesis Advisory Committee				
Major Professor - Please see that Section II is completed and return this form to the SFS Associate Dean for Academics.				
Committee Members				
_____		_____		
Major Professor Name (print)		Signature		
_____		_____		
Faculty Name (print)		Signature		
_____		_____		
Faculty Name (print)		Signature		
_____		_____		
Date of preliminary examination		<input type="checkbox"/> The student has passed the examination. <input type="checkbox"/> The student has failed the examination. <input type="checkbox"/> The student will retake the examination.		
SECTION III. School of Freshwater Sciences action				
The Preliminary Examination has been conducted and the thesis proposal is approved.				
_____			_____	
SFS Associate Dean Signature			Date	