

DEPARTMENT OF MATHEMATICAL SCIENCES
PHD PROPOSAL HEARING FORM
(Version of March 2016)

Name of Student (print): _____ ID: _____

Name of Major Professor (print) : _____

DISSERTATION TITLE: _____

COMMITTEE (Five (5) graduate faculty members required, one (1) must be outside the field of dissertation. The committee must be approved by the Associate Chair for Graduate Study before the proposal hearing.):

1. Name (print): _____ Signature: _____

2. Name (print): _____ Signature: _____

3. Name (print): _____ Signature: _____

4. Name (print): _____ Signature: _____

5. Name (print): _____ Signature: _____

APPROVED: _____

FAILED: _____

DATE: _____