

Name

CWID

Program

Title of Proposal

_____ has...

Student Full Name **passed with modifications**, to be completed and resubmitted before the student may continue.

passed with modifications, but the student may continue progress.

passed with no modifications. The student may continue progress.

has not passed the Preliminary Oral.

Date of Preliminary Oral _____
 Date

Chair Approval

First Name & Middle Initial	Last Name	Chair Signature	Date
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Committee Member Approval

First Name & Middle Initial	Last Name	Member Signature	Date
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First Name & Middle Initial	Last Name	Member Signature	Date
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First Name & Middle Initial	Last Name	Member Signature	Date
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Note to Chair: Prepare a letter for the student defining the modifications requested (if applicable).