



OFFICE OF GRADUATE STUDIES
**Ph.D. RESEARCH PROPOSAL
 DEFENSE REPORT**

This form must be completed by either the Dissertation Committee Chair or the Doctoral Program Director immediately after the proposal defense and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. The research proposal must be approved within a year after the passage of the qualifying examination.

The last person signing the form (either the Program Director or Department Chair) should submit the digitally signed form to gso-forms@njit.edu

Name of Doctoral Candidate _____
Last First

Ph. D. Program _____ ID# _____

Preliminary Title of Dissertation _____

Date of Proposal Defense _____

DISSERTATION PROPOSAL COMMITTEE INFORMATION

Dissertation Advisor or Co-Advisors:

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature

Members of Dissertation Proposal Committee at Proposal Defense:

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature

Results of Defense: **Pass** **Fail** **Pass with Conditions**

Conditions: _____

_____ Date conditions have been met _____ Print Name _____ Signature

Doctoral Program Director

_____ _____ _____
 Print Name Signature Date

Department Chair

_____ _____ _____
 Print Name Signature Date

Graduate Studies

Sotirios G. Ziavras

_____ _____ _____
 Print Name Signature Date

- SPACMNT SHATCMT Tracked
- SHAQPNO Doc. Added