



**School of Graduate Studies and Research**

McDemmond Center for Applied Research (MCAR), Ste 602  
 700 Park Ave. Norfolk, VA 23504 Phone: 757-823-8015

**Thesis/Dissertation Proposal Defense Form**

The following student has successfully proposed his/her Thesis/Dissertation:

Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_ Proposal Date: \_\_\_\_\_

Program: \_\_\_\_\_ Degree Program: Masters Ph.D/Terminal

Title of Proposal:

Member - Print Name	Members Signature	Date
_____	Thesis/Dissertation Chair/Advisor	_____
_____	Member Signature	_____
_____	Member Signature	_____
_____	Member Signature	_____
_____	Member Signature	_____

**Approved with no changes.**

**Approved with minor revisions. Attach summary of revisions and provide a copy to the student.**

**Not approved, significant revisions and new final defense required.**

Graduate Program Coordinator/Director: \_\_\_\_\_  
 Signature Date

Send copy to: Department Chair  
 School of Graduate Studies and Research

**TO BE COMPLETED BY THESIS/DISSERTATION COMMITTEE CHAIR**

**General Assessment of Proposal (As Applicable)**

This proposal was judged to have an adequate:

review of the relevant research literature

statement of research problem and rationale for the research

methods section including detailed description of procedure and design

reference section

Comments: