



# Dissertation Proposal Hearing Outcome Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall  
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Student / Candidate's Name: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- OUTCOME:**
- \_\_\_\_\_ PROPOSAL PASSED
  - \_\_\_\_\_ PROPOSAL PASSED WITH REVISIONS\*
  - \_\_\_\_\_ PROPOSAL REJECTED – REVISE, RESUBMIT & RESCHEDULE PROPOSAL HEARING
  - \_\_\_\_\_ PROPOSAL REJECTED

**\*REVISIONS TO BE APPROVED BY:**

- \_\_\_\_\_ Full committee
- \_\_\_\_\_ Committee chairperson
- \_\_\_\_\_ Committee member (please specify) \_\_\_\_\_

Committee Chairperson (please print and sign)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fourth Committee Member (optional) (please print):  
\_\_\_\_\_  
\_\_\_\_\_