



Doctoral Dissertation Research Proposal Exam Completion Certificate

Student Name: _____

Advisor's Name: _____

Student Email: _____

Proposal Examination Date: _____

GWID: _____

Qualifying Exam Date: _____

Department: _____

Admit Date: _____

Major/Field of Study: _____

Research Hours Completed: _____

Degree Sought: _____

Examining Committee Members:

1. Name: _____

Signature: _____

Chair of Committee

2. Name: _____

Signature: _____

3. Name: _____

Signature: _____

4. Name: _____

Signature: _____

5. Name: _____

Signature: _____

Recommendation:

Passed: _____ Recessed: _____ Failed: _____

Department Chair's Signature: _____ Date: _____