

## **ARKANSAS TECH UNIVERSITY**

## **DISSERTATION PROPOSAL DEFENSE REPORT**



This form should be completed and filed with the Graduate College after the dissertation proposal defense is completed.

STUDENT NAME:		<u>T NUMBER</u> : 		
EMAIL ADDRESS:				
DISSERTATION TITLE:				
DATE OF DEFENSE:				
• DISSERTATION PROPO	SAL DEFENSE:	<b>PASSED F</b>	AILED	
Please attach IRB Approval	Forms when submitt	ing this form to the (	Graduate College f	or approval.
SIGNATURES OF DISSERTA	ATION COMMITTEE	MEMBERS:		
		<u> </u>	□ PASSED	🗆 FAILED
CHAIR NAME (PRINT)	SIGNATURE	DATE		
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE	D PASSED	□ FAILED
				🗆 FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE	DASSED	□ FAILED
			□ PASSED	□ FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		
SIGNATURES OF APPROVA	<u>\L</u> :			
Program Director			Date	