

D | A | A | P

College of
DESIGN
ARCHITECTURE
ART
PLANNING

DISSERTATION PROPOSAL DEFENSE

A copy of this form must be retained in the student's file.

STUDENT INFORMATION

Student Name: _____ ? _____

Date Entering the PhD Program: _____

Student Signature Date

PRELIMINARY REQUIREMENTS

Passed Comprehensive Exam: Yes / No Date: _____

Dissertation Proposal

Title: _____

- () The proposal was acceptable to the examining committee.
- () The proposal requires revision. Indicate the nature of the revisions and the procedures to be followed in a separate memorandum.

Chairperson Signature Date

Committee Member (Minor) Signature Date

Committee Member (Methodology or at-large) Signature Date

PhD Program Director Signature Date

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