Original Research Proposal Cover Sheet

Student Name:

Date of 1st defense:

Title:

Advisor:

Committee:

1.
2.
3.
4.
5.
6.

Committee Decision:

☐ Pass

☐ Remediate (oral, written, etc. see below)

☐ Fail

Grade:

For remediation recommendations (check all that apply):

☐ Written portion due back to – all or chair (circle one)

 Due by:

☐ ORP presentation

 Schedule on or before:

☐ Committee oral examination

Schedule on or before:

Comments (continue on back, if needed)

Signature of present committee members:

1.

2.

3.

4.

5.

6.