



**UNIVERSITY OF MARYLAND
EASTERN SHORE**
DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

REPORT OF THE PROPOSAL DEFENSE

Date: _____

Name of Candidate: _____ Graduate Program: _____

Student's I.D.: _____ Degree Sought: _____

Date of Oral Examination: _____

The student named above has defended the dissertation proposal. By signing below, the committee members indicate their recommendations:

	Passed	Failed	Repeat (Recommendations)	Date
Chair Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				

School of Graduate Studies (graduatestudies@umes.edu)

Date