



Oral Defense of PhD Research Grant Proposal

Candidate's Name: _____

Date / Time of Oral Defense: _____

Title: _____

Evaluation:

This candidate has satisfactorily answered at least 75% of questions asked and has therefore completed this requirement for the Ph.D. program.

Comments: (use additional page if required)

Supervisor: _____ Signature: _____

Co-Supervisor (if any): _____ Signature: _____

Committee Member and **CHAIR**: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____