

Research Plan and Oral Comprehensive Exam

Name: _____

Title: _____

Submission date: _____

Advisor's signature (for submission): _____ (acknowledges advisor(s) has seen the Plan)

COMMITTEE MEMBERS

SIGNATURES (AFTER DEFENSE)

Area/Chairperson: _____

Area member: _____

Dept outside of area member: _____

Outside of department member: _____

(Dept.) _____

Co-Advisor/other*: _____

The RESEARCH PLAN and ORAL COMPREHENSIVE EXAM was given on _____ (date)

OUTCOME / Committee Decisions

A. Ph.D. level specific understanding of the background, goals and plan of the research. _____ Pass _____ Fail

B. Ph.D level research progress in the lab to date. _____ Pass _____ Fail

C. Ph.D level general knowledge of the particular research field. _____ Pass _____ Fail

Ph.D. **SUMMARY:** _____ Full Pass (Three Passes) _____ Partial Pass (Two Passes) _____ Switch to MS Track (<Two Passes)

MS **SUMMARY:** _____ Pass at the MS level _____ Terminate graduate studies

If Partial Pass (PhD level), the failed component will be re-defended in semester four and the proposal postponed to semester five

If Full Pass (PhD level), Additional Decisions by the Committee

A. Proposal Timing: The Research Proposal should be defended in: _____ Semester Four _____ Semester Five

B. Proposal Scope (Elements Different from Research, see handbook): _____ Two of Three _____ One of Three

C. Research Advisor Involvement in developing the student's original idea for proposal: _____ Not at All _____ Minimal _____ Significant

Are there conditions? Yes No Please note conditions here & deadlines: _____