



DOCTORAL PROGRAMS

DISSERTATION PROPOSAL DEFENSE CERTIFICATION

Please return this completed form to the WDP Office once your topic has been approved.

Name: _____ PENN ID# _____

Department: _____

TITLE OF PROPOSED TOPIC:

DATE OF DEFENSE: _____

RESULT OF EXAMINATION: (CHECK ONE)

- a) _____ Topic approved
- b) _____ Topic not approved

Other comments or conditions:

COMMITTEE:

1. _____
Print Name, Committee Member (Chair)

1. _____
Signature, Committee Member (Chair)

2. _____
Print Name, Committee Member (Supervisor)

2. _____
Signature, Committee Member (Supervisor)

3. _____
Print Name, Committee Member

3. _____
Signature, Committee Member

4. _____
Print Name, Committee Member

4. _____
Signature, Committee Member

5. _____
Print Name, Committee Member

5. _____
Signature, Committee Member