



OFFICE OF GRADUATE STUDIES  
**Ph.D. RESEARCH PROPOSAL  
 DEFENSE REPORT**

This form must be completed by either the Dissertation Committee Chair or the Doctoral Program Director immediately after the proposal defense and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. The research proposal must be approved within a year after the passage of the qualifying examination.

**The last person signing the form (either the Program Director or Department Chair) should submit the digitally signed form to [gso-forms@njit.edu](mailto:gso-forms@njit.edu)**

Name of Doctoral Candidate \_\_\_\_\_  
Last First

Ph. D. Program \_\_\_\_\_ ID# \_\_\_\_\_

Preliminary Title of Dissertation \_\_\_\_\_  
 \_\_\_\_\_

Date of Proposal Defense \_\_\_\_\_

**DISSERTATION PROPOSAL COMMITTEE INFORMATION**

**Dissertation Advisor or Co-Advisors:**

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature

**Members of Dissertation Proposal Committee at Proposal Defense:**

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
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Print			Signature

Results of Defense:       **Pass**       **Fail**       **Pass with Conditions**

Conditions: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_      Date conditions have been met      \_\_\_\_\_      Print Name      \_\_\_\_\_      Signature

**Doctoral Program Director**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Print Name      Signature      Date

**Department Chair**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Print Name      Signature      Date

**Graduate Studies**

Sotirios G. Ziavras

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Print Name      Signature      Date

- SPACMNT     SHATCMT     Tracked
- SHACOMI     Doc. Added