University of Houston Communication Sciences and Disorders
Prospectus Defense Form

Student Name _____ Date of Meeting: _____

Year in Program: _____

Title of Prospectus_____

_____

_____

Evaluation:

PASS ☐

FAIL ☐

Comments:

SIGNED (DISSERTATION COMMITTEE MEMBERS)

_____ Date:_____

Name Signature Advisor

_____ Date: _____

_____ Date: _____

_____ Date: _____

STUDENT'S SIGNATURE: _____ Date: _____