



## Report of Thesis Proposal Defense

Under the direction of the thesis committee \_\_\_\_\_  
(Student's name)

completed the thesis proposal defense on \_\_\_\_\_  
(date)

with the following results:

Passed, the proposal is acceptable-with no revisions.

Passed, with the following revisions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Failed, the proposal must be rewritten and presented to the committee at a scheduled meeting.

Name (Print/Type)	Signature
Committee Chair: _____	_____
Committee Member: _____	_____
Committee Member: _____	_____
Graduate Advisor: _____	_____

\*\*\*Once complete, please return to the MSW Program Office, Suite 203.