

Thesis Proposal Defense Form
Biomechanics & Movement Science Program

Submit this signed form to the BIOMS Director, within one week of the Thesis proposal defense.

Student Name _____ Student ID _____

Student Email _____

_____ **Pass.**

_____ **Conditional pass.** The conditions must be clearly stated, i.e., the exact nature of the deficiency must be described along with a mechanism(s) to repair this deficiency. The Chair of the Thesis Committee must provide the BIOMS Director with written notification when the student has resolved the conditional pass.

_____ **Re-examination.** Student will be re-examined within one semester before the Thesis Committee will render a decision. Please summarize briefly the criticisms that led to this decision and give an estimate of the date of re-examination.

_____ **Failure.** The Thesis Committee has decided that the student does not have the potential to complete the MS program. Please indicate why the student failed the examination.

Comments:

Signatures (*please type each committee member's name under signature line*):

Chair, Thesis Committee (Print)

Signature

Committee member

Signature

Committee member

Signature