University of Houston Communication Sciences and Disorders
Initial Research Project Defense Form

Student Name _____ Date of Meeting: _____

Year in Program: _____

Title of Initial Research Project _____

_____

_____

Evaluation:

☐ PASS

☐ PASS WITH REVISION

☐ FAIL

Comments:

SIGNED (DISSERTATION COMMITTEE MEMBERS)

_____ Date:_____

Name Signature Chair

_____ Date: _____

_____ Date: _____

_____ Date: _____

STUDENT'S SIGNATURE: _____ Date: _____