

**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF SOCIAL POLICY AND PRACTICE**

**GRADUATE GROUP IN SOCIAL WELFARE
Proposal Defense Evaluation Form**

Name of Student _____ Date of Defense _____

Title of Dissertation:

Committee Action : _____ Pass _____ Pass with Revisions (see below) _____ Fail

Revisions Required (attach additional pages as needed)

Other Comments and Stipulations (attach additional pages as needed)

Dissertation Committee

Chair _____ School/Dept. _____
Name

Signature _____

Member _____ School/Dept. _____
Name

Signature _____

Member _____ School/Dept. _____
Name

Signature _____

Member _____ School/Dept. _____
Name

Signature _____

I have reviewed this form and agree to abide by its suggestions and stipulations:

Student's Signature _____ **Date** _____