

Graduate Group in Economics

Ph.D. Dissertation Proposal Defense Examination

Student's Name: _____
(print or type)

Date: _____ Title/Topic: _____

As the dissertation committee of the student named above, we certify that this student successfully completed the oral dissertation proposal defense requirement on the indicated date.

1. Advisor/Chair: _____
(print or type name)

(signature)

Co-Advisor/
Co-Chair:

(print or type name)

(signature)

Committee Members:

2. _____
(print or type name)

(signature)

3. _____
(print or type name)

(signature)

4. _____
(print or type name)

(signature)

5. _____
(print or type name)

(signature)