



DOCTORAL DISSERTATION MONITORING REPORT

Department:	Term of the Report: Fall () /Spring ()
Program:	Report Number:
Candidate's Name-Last Name:	Report Date: / /20
Student's Number:	Candidate's Signature:
Dissertation Title:	
Dissertation Title Change:	

THESIS REPORT (All fields must be completed)

A- HAS THE CANDIDATE MADE THE CORRECTIONS SUGGESTED IN THE PREVIOUS TERM?

B- HAS THE CANDIDATE CONDUCTED SUFFICIENT RESEARCH IN THE CURRENT TERM?

C- WILL THE RESEARCH PLANNED FOR THE COMING TERM ENABLE THE PROGRESS OF THE PROJECT?

Thesis Monitoring Committee

Member 1 (Thesis Supervisor): Successful Failed Signature:

Member 2 : Successful Failed Signature:

Member 3 : Successful Failed Signature:

Unanimously By majority