

**University of Houston Communication Sciences and Disorders  
Prospectus Defense Form**

Student Name \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Year in Program: \_\_\_\_\_

Title of Prospectus \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation:

PASS

FAIL

Comments:

**SIGNED (DISSERTATION COMMITTEE MEMBERS)**

\_\_\_\_\_ Date: \_\_\_\_\_

Name    Signature    Advisor

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_