

*The University of Delaware*  
*Department of Kinesiology & Applied Physiology*  
*Applied Physiology Program*

**Results of the Dissertation Proposal**

*The Chair of the Dissertation Committee is to submit this form to the Applied Physiology Program Coordinator, and a copy to the student, within one week of the proposal.*

We, the undersigned, as the Dissertation Committee for \_\_\_\_\_,  
report the results of the Dissertation Proposal held on \_\_\_\_\_ (date)  
are as follows (check one):

\_\_\_\_\_ **Unconditional pass.**

\_\_\_\_\_ **Conditional pass.** The conditions must be clearly stated, i.e., the exact nature of the deficiency must be described along with a mechanism(s) to repair this deficiency. The Chair of the Dissertation Committee must provide the Applied Physiology Program Coordinator with written notification when the student has resolved the conditional pass.

\_\_\_\_\_ **Re-examination.** Student will be re-examined within one semester before the Dissertation Committee will render a decision. Please summarize briefly the criticisms that led to this decision and give an estimate of the date of re-examination.

\_\_\_\_\_ **Failure.** The Dissertation Committee has decided that the student does not have the potential to complete the Ph.D. program. Please indicate why the student failed the examination.

Comments:

---

---

---

---

Signatures (*please type each committee member's name under signature line*):

\_\_\_\_\_  
Chair, Dissertation Committee

_____	_____
_____	_____
_____	_____