FLORIDA STATE UNIVERSITY

**PH.D. PROSPECTUS**

**DEFENSE SIGNATURE FORM**

COLLEGE OF COMMUNICATION AND INFORMATION

*School of Information*

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| --- | --- |
| **Student Name:** | **EMPLID:** |
| **FSU Email:** | **Mat Date to Ph.D. Program:** |
| **Prospectus Defense Date:** | |

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| --- | --- | --- | --- | --- | --- |
| **Supervisory  Committee  Information** | **Name** *(Type or Print Name)* | **Signature and Date** | **Decision**  *(Check one box below)* | | |
| **Pass** | **Fail** | **Re-Examine** |
| **Major Professor / Chair** |  |  |  |  |  |
| **Committee Member** |  |  |  |  |  |
| **Committee Member** |  |  |  |  |  |
| **Committee Member** |  |  |  |  |  |
| **University Representative** |  |  |  |  |  |
| **Reviewed and Approved by:** | | | | | | |
| **Director, School of Information** |  |  | | | |