



## Dissertation Committee's Report on Proposal

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

Status: ☐ *Standard Full-time*      ☐ *Flexible Full-time*

Estimated date of completion: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*Month/Year*

Title of Dissertation: \_\_\_\_\_

Dissertation Committee Members:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Co-supervisor (*if applicable*)

\_\_\_\_\_  
Committee Member #1

\_\_\_\_\_  
Committee Member #2

\_\_\_\_\_  
Proposed Internal Examiner (*if known*)

\_\_\_\_\_  
Proposed External Examiner (*if known*)

Indicate your assessment of the dissertation proposal by checking one of the boxes below.

- ☐ Accepted
- ☐ Accepted Subject to Revisions
- Revisions are specified and the final document is reviewed and approved by the dissertation supervisor
- ☐ Appreciable Revisions Required
- Revisions are specified and the final document is reviewed and approved by all members of the dissertation committee
- ☐ Proposal Rejected
- A choice of "Proposal Rejected" means that the proposal must be rewritten; a second oral presentation may also be required.



**Lakehead**  
UNIVERSITY

Department of  
**Health  
Sciences**

## Appendix 2

---

Comments regarding your choice and/or specific revisions. (Attach additional pages as needed).



\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-supervisor (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee member #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee member #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date