

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

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**Ph.D. Screening Report**

Paper Area: \_\_\_\_\_

Title: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Screening Committee: \_\_\_\_\_ member initials

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Oral defense date: \_\_\_\_\_

Result:  **Pass**       **No Pass with Option  
to Resubmit**       **Fail**  
Revisions Due: \_\_\_\_\_

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

Advisor approval signature: \_\_\_\_\_

Committee Recommendation: \_\_\_\_\_

GSC Recommendation: \_\_\_\_\_

Overall Faculty Recommendation: \_\_\_\_\_

GPA: \_\_\_\_\_

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