

**RESULTS
of the
DOCTOR OF ENGINEERING FIELD STUDY DEFENSE**

DATE SUBMITTED _____

NAME _____ LUID# _____

ADDRESS _____ TELEPHONE _____

DEPARTMENTAL AFFILIATION _____

FIELD STUDY DEFENSE

DATE(S) COMPLETED: _____

RECOMMENDATION: _____

COMMITTEE CHAIR: _____

CO-CHAIR (If Applicable): _____

The committee certifies that the field study has demonstrated a practical engineering application.

COMMITTEE

APPROVED

NOT APPROVED

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE RECOMMENDATION:

APPROVED _____

SUPERVISOR

DATE

DEPARTMENT CHAIR

DATE _____

DEAN, COLLEGE OF ENGINEERING

DATE _____

DEAN, COLLEGE OF GRADUATE STUDIES

DATE _____

***IF NOT APPROVED ATTACH SEPARATE PAGE WITH REASON FOR YOUR DISAPPROVAL AND YOUR RECOMMENDATION.**