

University of Hawaii at Manoa School of Architecture
Doctorate Project Progress Form II – Research Defense

Student Name (first, last):

Student ID No:

Doctorate Project Title (note: if title has changed from what indicated on the Doctorate Project Proposal, indicate so and state reasons for change):

1. Confirmation and Judgment of Doctorate Project Chair and Committee Members:

To the student: (a) Fill in the name (list first name first) of each individual listed below, (b) Submit a copy of the Doctorate Project Research Document to each individual listed below by the deadline indicated on the Doctorate Project Academic Calendar, (c) Take this form to each Committee member and request their signature, (d) Submit this form to the SoA Office of Student Services.

To the Doctorate Chair and Committee: Enter your judgment of the Doctorate Project Research Defense as “Pass” or “Fail” in the “Oral Defense” column AND in the “Document” column. In the event of a “Fail” judgment, state reason, conditions and deadlines required for a “Pass” in the “Comments” area below.

| | | | <i>Oral Defense</i> | <i>Document</i> |
|----------------------------|-------------|-------|---------------------|-----------------|
| -Chair Name: Comments: | Signature: | Date: | Pass Fail | Pass Fail |
| -Member Name: Comments: | Signature*: | Date: | Pass Fail | Pass Fail |
| -Member Name: Comments: | Signature*: | Date: | Pass Fail | Pass Fail |
| -Member Name: Comments: | Signature*: | Date: | Pass Fail | Pass Fail |
| -Member Name: Comments: | Signature*: | Date: | Pass Fail | Pass Fail |

** The Chair may sign on behalf of a Committee Member that is not present to sign the form provided that written authorization from the Committee Member is obtained and is attached to this form.*

2. Receipt and Approval of Doctorate Project Chair:

A. All current Committee Members are listed above, and the composition of the Committee is approved (circle one): Yes No
 If answered “No” above, state reason, conditions and deadlines required for approval:

B. In the case of a split Committee vote, the decision shall be to approve the Doctorate Research Document (circle one): Yes No N/A
 If answered “No” above, state reason, conditions and deadlines required for approval:

Signature: _____ Date: _____

3. Receipt and Approval of Doctorate Project Coordinator:

A. The form has been received and approved (circle one): Yes No
 If answered “No” above, state reason, conditions and deadlines required for approval:

B. The Student is in good standing and is approved to register for ARCH 548 (circle one): Yes No
 If answered “No” above, state reason, conditions and deadlines required for approval:

C. Other Notes or Conditions:

Doctorate Project Coordinator Name: _____ Signature: _____ Date: _____