University of Hawaii at Manoa School of Architecture

Doctorate Project Progress Form I – Proposal Judgment

Student Name (first, last): Student ID No:

Doctorate Project Title:

1. Confirmation of Doctorate Project Chair, Doctorate Committee Members, and, ARCH 539 Instructor:
To the student: (a) Fill in the name (list first name first) of each individual listed below (note: for Committee members not on the SoA faculty attach a current CV of the member), (b) Submit a copy of the Doctorate Project Proposal 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 Project Chair and Committee: Your signature below indicates that you have: (a) Agreed to serve as a member of the student's Doctorate Committee, (b) Received, reviewed, and approved the student's Doctorate Project Proposal.
To the ARCH 539 Instructor: Your signature below indicates that you have received, reviewed, and approved the student's Doctorate Project Proposal.

-Chair Name:	Signature:	Date:
-Member Name:	Signature*:	Date:
-Member Name:	Signature*:	Date:
-Member Name:	Signature*:	Date:
-Member Name:	Signature*:	Date:
-ARCH 539 Instr. Name:	Signature:	Date:

** 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 Project Proposal (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 546 (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: