

University of Pittsburgh
School of Nursing

Graduate Program
Record of Overview For Master's Thesis

Student's Name: _____ Department: _____

Address: _____

Title of Thesis or Dissertation: _____

Comprehensive Examination Passed: _____

Date

The Committee approves ___ does not approve ___ the above proposal as presented.

Date of Overview: _____

Anticipated Date of Thesis or Dissertation Completion: _____

Comments:

The Vote

Committee Members:	Yes	No	Graduate Faculty Members	Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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