



*By signing this document, all parties are accepting of this decision and any associated conditions. The student will have no more than five business days following the date of the Department Chair's signature to accept or appeal the decision regarding this outcome. Notice of appeal must be sent in writing to both the Department Chair and Primary Advisor.*

**Primary Advisor:**

_____	_____	_____
Print Name	Signature	Date

**Research Advisory Committee Members:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Print Name	Signature	Date

**Graduate Program Coordinator:**

_____	_____	_____
Print Name	Signature	Date

**Department Chair:**

_____	_____	_____
Print Name	Signature	Date

**Student:**

_____	_____	_____
Print Name	Signature	Date

*The original copy of this form is to be held with the Department of Astronomy and Planetary Science. Copies are to be sent to the Primary Advisor and the Student.*