

Department of Critical Media Practices  
University of Colorado Boulder

**Prospectus Examination Report**

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Program: ETMAP PhD

Date of Review: \_\_\_\_\_

Sign below **only** if the examination was passed unconditionally or with conditions

Name	Signature	Department
1.		Chair / DCMP
2.		
3.		
4.		
5.		

The review cannot be passed with more than one negative vote by the reviewers. It is the Advisor's responsibility to certify the votes and select one of the options below.

- \_\_\_\_\_ Review was passed unconditionally
- \_\_\_\_\_ Review was passed with the attached conditions
- \_\_\_\_\_ Review was not passed

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Associate Chair of Graduate Studies

\_\_\_\_\_  
Date