



DOCTORAL PROGRAM: RPE CHECK LIST

Student Name: _____

Student Email: _____ **PSU ID#**

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RPE Adviser: _____ **Confirmed (Date):** _____

RPE Committee:

1. _____ (Adviser)

2. _____ (Reader 1)

3. _____ (Reader 2)

Presentation Date & Time: _____

Outcome and Notes: