

**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:**