



Results of Thesis/Dissertation Oral Defense

Masters

Doctoral

Candidate Name _____ Student ID _____

Date of Defense _____ Graduation Semester _____

Major _____

Title of Thesis/Dissertation: (please type)

Committee:

Pass No Pass

Pass No Pass

Member:

External Member:
if applicable

Member:

Dean's Representative
(Doctoral Defenses Only)

Member:

Graduate School Approval Date:

Please return the completed form, with signatures, to your department. They will submit this to the Graduate School on your behalf.