



TEXAS TECH UNIVERSITY

Department of Chemistry & Biochemistry™

Report of Successful Oral Dissertation Defense

To the Graduate Advisor, Department of Chemistry & Biochemistry:

We wish to report that on (date of examination) _____

Mr./Ms. (student name) _____

Check one and provide any other information as necessary:

Successfully completed his/her Oral Dissertation Defense.

Unsuccessfully presented his/her Oral Dissertation Defense and must do the following to successfully complete this requirement and remain in the doctoral program of this department.

No later than (date) _____

Unsuccessfully presented his/her Oral Dissertation Defense and will not be allowed to retake the Oral Defense, and may no longer remain in the doctoral program of this department as of (date) _____
He/she may pursue an MS in CHEM if they so choose.

(Please type or print names of people below the line.)

Signed,

Chairman:

Dean's Representative:

Member:

Member:

Member:

Other:

Please have form signed and turn into the Assistant to the Graduate Advisor in Room 037