



## Results of Thesis/Dissertation Oral Defense

Candidate Name \_\_\_\_\_

Student ID \_\_\_\_\_

Date of Defense \_\_\_\_\_

Graduation Semester \_\_\_\_\_

Major \_\_\_\_\_

Masters

Doctoral

Title of Thesis/Dissertation: (please type)

Pass Did not Pass

Pass Did not Pass

Chair

Member:

Co-Chair

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 through the ES portal on your behalf.**