



**ORAL DEFENSE and THESIS-DISSERTATION
APPROVAL FORM**

Masters

Doctoral

Candidate Name _____ **Student ID** _____

Date of Defense _____ **Graduation Semester** _____

Major _____

Title of Thesis/Dissertation: (please type)

If the student did not pass, please check this box:

Signing below indicates that you agree with statements #1 and #2 for the above-named student

Committee

- 1) I agree that the above named student has given a successful oral defense of his/her thesis/dissertation.
- 2) I agree that the above named student's thesis/dissertation meets with the committee's approval.

Dean's Representative
(Doctoral Defenses Only)

Member:

Member:

External Member:

Member:

Graduate School Approval Date:

Please return the completed form, with signatures, to the Graduate School via Sharepoint.