



### 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	Did Not Pass	Pass	Did Not Pass
_____			Member:	_____
_____			External Member:	_____
_____			<i>if applicable</i>	
Member:			Dean's Representative	_____
_____			<i>(Doctoral Defenses Only)</i>	
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.**