



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	_____
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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.