



ORAL DEFENSE and THESIS-DISSERTATION APPROVAL FORM

Masters

Doctoral

Candidate Name _____ Student ID _____

Date of Defense _____ Graduation Date _____

Major _____

Title of Thesis/Dissertation:

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.

Type name beneath line, print and then have committee members sign

Dean's Representative
(Doctoral Defenses Only)

Member:

Member: _____

Member: _____

Return this form, with signatures, to the Thesis Coordinator (Masters students) or the Dissertation Supervisor (Doctoral students)