



*Fill this form out online and then print*

### 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.

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

\_\_\_\_\_

\_\_\_\_\_

Dean's Representative  
*(Doctoral Defenses Only)*

\_\_\_\_\_

Member:

\_\_\_\_\_

Member:

External Member:

Graduate School  
Approval Date:

\_\_\_\_\_

Member:

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