

### REPORT ON PROJECT DEFENSE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

DEGREE: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

**PROJECT DEFENSE INFORMATION:** (A separate Comprehensive Exam Report form must be submitted if the project defense is combined with the comprehensive exam.)

	Pass	Conditional Pass	Fail
Date of defense: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONDITIONAL PASS:** Please state requirements for passing. When conditions have been met, a new Project Defense Report form should be submitted which indicates "PASS."

Print Names:	Signatures:	Date
ADVISOR:		
COMMITTEE:		
DEPT. CHAIR:		
DEAN:		