

**University of Alaska Fairbanks Graduate School
REPORT ON PROJECT DEFENSE**

DATE: _____

NAME: _____ STUDENT ID# _____

EMAIL ADDRESS: _____ PHONE # _____

DEGREE: _____ PROGRAM: _____

PROJECT DEFENSE INFO: (A separate Report on Comprehensive Exam Form must be submitted if the project defense is combined with the comprehensive exam.)

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

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

NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE EXAMINER PRESENT AT THE EXAM. A REQUEST FOR OUTSIDE EXAMINER SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AT LEAST 10 WORKING DAYS PRIOR TO THE EXAM.

PRINT NAMES:	SIGNATURES:
ADVISOR:	
COMMITTEE:	
OUTSIDE EXAMINER:	
DEPT. CHAIR:	
DEAN:	