

REPORT ON THESIS/DISSERTATION DEFENSE

DATE: _____

NAME: _____ STUDENT ID# _____

EMAIL ADDRESS: _____ PHONE# _____

DEGREE: _____ PROGRAM: _____

THESIS/DISSERTATION DEFENSE INFO: (A separate Report on Comprehensive Exam Form must be submitted if the thesis/dissertation defense is combined with the comprehensive exam.)

Date of defense: _____

Pass	Conditional Pass	Fail
<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 Thesis/ Dissertation 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. (15 DAYS IF SCHEDULED DURING THE SUMMER BREAK)

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