

PROJECT DEFENSE REPORT

GS-PD-6 (REV. 11/1/12)



NAME	STUDENT ID
EMAIL	TELEPHONE NUMBER
DEGREE (<i>Ph.D., M.S., M.A., M.Ed., etc.</i>)	MAJOR (<i>English, Physics, Geology, etc.</i>)

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

PROJECT TITLE _____

DATE OF DEFENSE: _____ Pass Conditional Pass Fail

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

APPROVED BY

COMMITTEE SIGNATURE <input type="radio"/> Chair or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE SIGNATURE <input type="radio"/> Member or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE

ORIGINAL SIGNED FORM SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE COMPLETE

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