## THESIS/DISSERTATION DEFENSE REPORT

GS-TD-7 (REV. 11/1/12)



NAME	STUDENT	TID
EMAIL	TELEPHO	NE NUMBER
DEGREE (Ph.D., M.S., M.A., M.Ed., etc.)	MAJOR (E	inglish, Physics, Geology, etc.)
THESIS/DISSERTATION DEFENSE INFORMATION: (A sep defense is combined with the comprehensive exam.)	arate Comprehensive Exam Report fo	orm must be submitted if the Thesis/Dissertation
THESIS/DISSERTATION TITLE		
DATE OF DEFENSE:	Pass C	onditional Pass** Fail
**CONDITIONAL PASS: Please state requirements for pashould be submitted which indicates "PASS."	assing. When conditions have been m	net, a new Thesis/Dissertation Defense Report form
	OUTSIDE EXAMINER	
NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE SUBMITTED TO THE GRADUATE SCHOOL AT LEAST 10 W		
OUTSIDE EXAMINER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
	APPROVED BY	
COMMITTEE SIGNATURE Chair or Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE SIGNATURE	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