

## Report on Dissertation/Thesis/Project Defense

| Form Initiator Role: *                            | $\checkmark$                              |                                      |   |
|---|---|--------------------------------------|---|
| First Name: *                                     | Last Name: *                              |                                      | Student ID: •   |
| Email:  | Phone: *                                  |                                      | ,   |
| Degree: *   | Major: *                                  |                                      | Report For: * Thesis  |
| J   |   | (English, Physics, Geoscience, etc.) | Hisais  |
| First semester in the program                     |   |                                      |   |
| THESIS/DISSERTATION DEFE the comprehensive exam.) | NSE INFORMATION: (A separate Comprehe     | ensive Exam Report form must be sub  | omitted if the Thesis/Dissertation defense is combined with |
| Thesis/Dissertation Title:                        |   |                                      |   |
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|   |   |                                      | V   |
| Date of Defense:*                                 |   |                                      |   |
|   |   |                                      |   |
| Initiator Signature                               | Date                                      |                                      |   |
| miliator dignature                                | Date                                      |                                      |   |
|   |   |                                      |   |
| Student Signature                                 | Date                                      |                                      |   |
| Please enter contact informati                    | on below for the required form approvers. |                                      |   |
| How many Committee Memb                           | ers are required to sign this form?*      | $\overline{\vee}$                    |   |
| Committee Chair/Co-Chair                          | First Name: *                             | Last Name: *                         | Email: *  |
|   |   |                                      |   |
| Department Chair                                  | First Name: *                             | Last Name: *                         | Email: *  |
| College/School Dean                               | First Name: *                             | Last Name: *                         | Email: *  |
| Graduate Coordinator                              | First Name: *                             | Last Name: *                         | Email: *  |
|   |   |                                      |   |
|   |   |                                      |   |
|   |   | APPROVALS                            |   |
| Graduate Coordinator Comm                         | ents:                                     |                                      |   |
|   |   |                                      | <b>\$</b>   |
| ļ.  |   |                                      |   |
|   |   |                                      |   |
| Graduate Coordinator Sign                         | nature Date                               |                                      |   |
|   |   |                                      |   |
| Decision: *                                       | $\overline{v}$                            |                                      |   |
| Comments:   |   |                                      |   |

|        |   |  |                                | <b>^</b> |
|--------|---|--|--------------------------------|----------|
| R      | ole:*                                     |  |                                |          |
|        | Committee Chair/Co-Chair Signature        | Date   |                                |          |
|        | Department Chair Signature                | Date   |                                |          |
| -      | College/School Dean Signature  GRADUATE S | Date  SCHOOL I PO BOX 757560 FAIRBANKS, AK 474-1984 I EMAIL: uaf-grad-school@alaska. | 99775-7560   TEL: 907-474-7464 |          |
| Initia | tor Signature                             | 474-1984 i EMAIL: uar-grad-school@alaska.  | Date:                          |          |
|        |   |  |                                |          |
|        |   |  |                                |          |
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