

Colleges of Education & Human Sciences, Engineering, & Emerging & Integrative Studies
Defense Results Form



TO: College of Graduate Studies

FROM: Director of Doctoral Studies or Dean of College _____

VIA: Dept. Chair _____

RE: Thesis, Project or Dissertation Defense for: _____
(Student's Name)

Student "T" Number: _____

Major: _____

A final thesis/dissertation/project defense has been conducted for the above student who is a candidate for the following degree:

☐

Master of Arts

☐

Master of Science

☐

Doctor of Philosophy

Date of Examination: _____

Thesis, Dissertation, or Project Title:

Note: The number of lines required in the committee section below will vary by degree program.

The student has ☐ has not ☐ passed the examination. _____
Chair, Advisory Committee

The student has ☐ has not ☐ passed the examination. Member _____

The student has ☐ has not ☐ passed the examination. Member _____

The student has ☐ has not ☐ passed the examination. Member _____

The student has ☐ has not ☐ passed the examination. Member _____

The student has ☐ has not ☐ passed the examination. Member _____

The student has ☐ has not ☐ passed the examination. Member _____

If a second defense is required, the student must complete second defense attempt on or before (date): _____