

Graduate Student Thesis/Dissertation Defense Decision



Student Name: _____

Check if: ___ M.S. ___ Ph.D.

Date of Thesis/Dissertation Defense: _____

Committee Chairperson (Required): _____

Committee:

Out-of-Area Member (Required) _____

Other (Required) _____

Dean's Representative (Ph.D. Only) _____

Other (Optional) _____

Other (Optional) _____

Decision of the Committee: ___ Pass ___ Contingent Pass ___ Fail

If there are contingencies, further requirements, or the exam needs to be retaken, please explain below:

Will the student be allowed to present another thesis/dissertation defense? ___ Yes ___ No

Signatures:

Committee Chairperson

Date