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