



THESIS OR PROJECT DEFENSE

**Completed by student:**

Name \_\_\_\_\_

Program \_\_\_\_\_

Date of defense \_\_\_\_\_

Title of thesis/project \_\_\_\_\_

\_\_\_\_\_

The candidate has  PASSED  FAILED his/her defense of the above-named thesis.

\_\_\_\_\_  
Chairperson of Graduate Committee printed name and signature

\_\_\_\_\_  
Member of Graduate Committee printed name and signature

\_\_\_\_\_  
Member of Graduate Committee printed name and signature

\_\_\_\_\_  
Graduate Faculty Member (outside of department/division) printed name and signature

\_\_\_\_\_  
Program Director printed name and signature Date \_\_\_\_\_

Dissenting vote:  
\_\_\_\_\_  
Member of Graduate Committee printed name and signature Date \_\_\_\_\_