



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