

Results of Oral Defense of Thesis or Dissertation

Student _____

ZID _____

Department _____

Program _____

Date of Defense _____ Degree Master's Doctoral **Attempt** First Second

Type of defense Thesis Dissertation Master's Project Recital
 Combined comprehensive exam & thesis defense/recital/show

Title of Thesis/Dissertation

Results of Defense Pass Fail

Certification

We, the undersigned members of the defense committee, certify that the result indicated above was reached after a vote of the committee membership; individuals who vote in the minority may so indicate and file a written statement as part of this report.

Committee Members (Print)

 Committee chair or co-chair (circle one)

 Committee co-chair or member (circle one)

 Member

 Member

 Member

 Member

 Member

Signatures

 Committee chair or co-chair

 Committee co-chair or member

 Member

 Member

 Member

 Member

If passed, mark one:

_____ **Pass: THE THESIS/DISSERTATION REQUIRES NO FURTHER REVIEW BY THE COMMITTEE OR CHAIR**
 The thesis/dissertation may be submitted to the Graduate School for review. **Submit this form to the Graduate School by fax (753.6366) or hand deliver to Adams Hall 223 within 3 days of the defense.**

_____ **Pass: THE THESIS/DISSERTATION REQUIRES REVISIONS OR CORRECTIONS WHICH MUST BE REVIEWED**
 The thesis/dissertation requires revisions that must be approved by the committee prior to submission to the Graduate School. Indicate below the required revisions and names of committee members responsible for approving the revisions. **DO NOT SUBMIT THIS FORM OR THE THESIS/DISSERTATION UNTIL REVISIONS OR CORRECTIONS ARE APPROVED AND APPROVALS ARE INDICATED BELOW.**

	Once revisions are approved, the chair and committee members conducting the review initial here: Submit form immediately by fax (753.6366) or hand deliver to Adams Hall 223.
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