REPORT OF ORAL DEFENSE OF DISSERTATION

Student ID Number ___________________ Date of Examination ___________________
Name of Candidate ________________________________
Address ________________________________
City ___________________ State _______ Zip _______ Phone _________________________
Program Area ________________________________
  Concentration (if any) ________________________________
Exact title of dissertation ________________________________

Results:   Pass*   Fail*  *(A candidate passes or fails by majority vote of the committee)
(circle)

Signatures of the Examining Committee
  Dissertation Director /s/  /s/  
  Member /s/  /s/  
  Outside Member /s/  /s/  
  Optional Member /s/  /s/  
  Graduate Faculty Rep. /s/  /s/  

Approving Candidate’s Passing

Disapproving Candidate’s Passing

Moderator /s/  
Program Coordinator /s/  
School Director /s/  

Associate Dean for Administrative Affairs /s/  
*Comment overleaf required if the candidate fails or if any conditions are specified

Return to Room 418 White Hall