



**REPORT ON THESIS DEFENSE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ UA ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

**TITLE OF THESIS:** \_\_\_\_\_

**THESIS DEFENSE INFORMATION:** (A separate Report on Comprehensive Exam Form must be submitted if the project defense is combined with the comprehensive exam.)

Pass                      Conditional Pass                      Fail

Date of defense: \_\_\_\_\_ ☐

**Conditional Pass:** Please state the requirements for passing. When conditions have been met, a new Report on Project Defense Form should be submitted which indicates "PASS".

The candidate must effectively address the requirements that have been provided to him in writing. Upon addressing the requirements the candidate will provide a written summary of how he has addressed those requirements. In addition, he will provide the revised dissertation to the committee for final review.

Print Names	Signatures	Date
Advisor:		
Committee:		
Dept. Chair/Director		
College Dean:		
Graduate School Dean: Dr. Helena S. Wisniewski		

