



STUDENT NAME		STUDENT ID
EMAIL		PHONE NUMBER
DEGREE MA MS	CHECK ALL COLLEGES/SCHOOLS OF COURSES TAKEN	DISCIPLINES STUDIED

Project Title (exactly matches your Title Page)

Date of Defense: _____ Outcome of Defense: Pass Conditional Pass* Fail

*Conditional Pass: Please state conditions that must be met for the student to pass. A new Graduate Project Defense Report must be submitted once the student satisfactorily fulfills the conditions and passes.

Defense Approved:	
Committee Member Signature	Printed Name and Date
Committee Member Signature	Printed Name and Date
Co-Chair or Additional Committee Member Signature	Printed Name and Date
Committee Chair	Printed Name and Date
Department Chair Signature	Printed Name and Date
College Dean Signature	Printed Name and Date
THIS SECTION COMPLETED BY THE GRADUATE SCHOOL	
Graduate School Dean Signature	Printed Name and Date
<input type="checkbox"/> Approve <input type="checkbox"/> Not Approved	Notes: