



Graduate Thesis/Dissertation Defense Approval Form

| | | |
|----------------------------|---------|-------------------------------|
| STUDENT NAME | | STUDENT ID |
| EMAIL | | PHONE NUMBER |
| DEGREE (M.S., M.A., Ph.D.) | PROGRAM | CONCENTRATION (if applicable) |

Thesis/Dissertation Defense Information:

(A separate Comprehensive Exam Report form must be submitted if the Thesis/Dissertation is combined with the comprehensive exam.)

Thesis/Dissertation Title: (exactly as it appears on your Title Page)

Date of Defense: Pass Conditional Pass* Fail

***Conditional Pass:** Please state conditions that must be met for the student to pass. A new Thesis/Dissertation Defense Approval Report form must be submitted once the student satisfactorily fulfills conditions and passes.

Thesis/Dissertation Approval :

| | |
|--|-----------------------|
| Committee Member Signature | Printed Name and Date |
| Committee Member Signature | Printed Name and Date |
| Committee Member Signature | Printed Name and Date |
| Outside Examiner Signature | Printed Name and Date |
| Co-Chair Signature or additional Committee Member (select one) | Printed Name and Date |
| Committee Chair or Co-Chair Signature (select one) | 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's Signature | Printed Name and Date |

Approved Not Approved

Notes: