



Project Defense Report

NAME		STUDENT ID
EMAIL		PHONE NUMBER
DEGREE (M.S., M.A., PhD etc.)	PROGRAM	CONCENTRATION (if applicable)

Project Defense Information: (A separate Comprehensive Exam Report form must be submitted if the project defense is combined with the comprehensive exam.)

Project Title:

Date Defense: _____ Pass Conditional Pass* Fail

*Conditional Pass: Please state requirements for passing. When conditions have been met, a new Project Defense Report must be submitted which indicates "Pass." Please attach additional sheet if more space is needed.

Approved By	
Member Signature	Printed Name and Date
Member Signature	Printed Name and Date
Member or Co-Chair Signature (please choose)	Printed Name and Date
Committee Chair or Co-Chair Signature (please choose)	Printed Name and Date
Department Chair Signature	Printed Name and Date
College/School Dean Signature	Printed Name and Date
THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL	
Graduate School Dean's Signature	Printed Name and Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapproved	Notes: