



NAME		STUDENT ID
EMAIL		PHONE NUMBER
DEGREE (M.S., M.A., PhD etc.)	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:

Date of Defense: Pass Conditional Pass* Fail

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

Outside Examiner Information:

Note: MANDATORY FOR ALL DOCTORAL ORAL COMPREHENSIVE EXAMS (except for qualifying exams) and dissertation or doctoral project defenses. Requests must be submitted to the Graduate School at least two weeks (ten working days) in advance of the exam. Please allow 15 days if scheduled during the summer semester.

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Outside Examiner's Signature Printed Name Date

Approved By:

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Member Signature Printed Name and Date

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Member Signature Printed Name and Date

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Member Signature Printed Name and Date

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Member Signature Printed Name and Date

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Member or Co-Chair Signature (please choose) Printed Name and Date

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Committee Chair or Co-Chair Signature (please choose) Printed Name and Date

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Department Chair Signature Printed Name and Date

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College Dean's Signature Printed Name and Date

THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL

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Graduate School Dean's Signature Printed Name and Date