



# Thesis or Dissertation Defense

(To be completed and filed after the defense)

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

College: \_\_\_\_\_

Student Name: \_\_\_\_\_

Department: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

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

Advisor: \_\_\_\_\_

ID Number: \_\_\_\_\_

Thesis/Dissertation Title: \_\_\_\_\_

### Signatures of Committee Members:

If thesis/dissertation completed successfully, sign below.

Chair:

Member:

Member:

Member:

Member:

Member:

Member:

Member:

The above-named candidate has been examined by the committee with the following results:

Passed:

Failed:

The above-named candidate has successfully completed the final version of the thesis or dissertation:

Passed:

Failed:

Program Director

Signature:

College Dean Signature:

*Form must be submitted to the Office of Admissions, Records and Registration after electronic signatures are completed. Please ensure any relevant additional documentation is attached to the generated email.*