



RESULTS OF DISSERTATION DEFENSE

IMPORTANT: Following the oral defense, this form with signatures of committee members should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies or Department Chair, copied for the department or program file, and submitted electronically to the Graduate School HERE as soon as possible.

TO: Associate Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

(Dissertation Adviser)

Passed Failed

the dissertation defense on _____
(Date)

Department/Program: _____

Members of the Committee

Please Type Name:

Signature:

_____ , Chair	_____
_____	_____
_____	_____
_____	_____
_____	_____

Director of Graduate Studies: _____
Signature Date

Printed Name