



# 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 forwarded to the Graduate School, 117 Alumni Hall 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