

# MASTER'S THESIS DEFENSE REPORT

This form must be completed by the Thesis Committee Chair, approved by the Graduate Program Director immediately after the defense, and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140.

Name of Student	<div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span style="font-size: small;">Last</span> <span style="font-size: small;">First</span> </div>	
Master's Program	_____	I. D. # _____
Final Title of Thesis	_____	
Date of Defense	_____	

## THESIS COMMITTEE INFORMATION

### Thesis Committee Chair or Co-Chairs:

Name	Department/Affiliation	Rank	
_____	_____	_____	Signature
_____	_____	_____	Signature

### Members of Thesis Committee:

Name	Department/Affiliation	Rank	
_____	_____	_____	Signature
_____	_____	_____	Signature
_____	_____	_____	Signature
_____	_____	_____	Signature

Results of Defense:       **Pass**                       **Fail**                       **Pass with conditions**

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date conditions have been met

Print Name

Signature

### Graduate Program Director

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Print Name

Signature

Date

### Graduate Studies

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Print Name

Signature

Date