

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 _____
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	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
Members of Thesis Committee:			
Name	Department/Affiliation	Rank	
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
_____	_____	_____	_____
Print			Signature
Results of Defense: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass with conditions <input type="checkbox"/>			
Conditions: _____			

Date conditions have been met	Print Name	Signature	

Graduate Program Director		
_____	_____	_____
Print Name	Signature	Date
Graduate Studies		
_____	_____	_____
Print Name	Signature	Date