

This form must be completed by the Thesis Committee Chair, approved by the Graduate Program Director immediately following the defense, and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. A copy of the public announcement must have previously been submitted to [graduatestudies@njit.edu](mailto:graduatestudies@njit.edu). A copy of the Electronic Thesis Sequester Request Form must have previously been submitted to the Office of Research.

Name of Student \_\_\_\_\_  
Last First

Master's Program \_\_\_\_\_ I. D. # \_\_\_\_\_

Final Title of Thesis \_\_\_\_\_  
 \_\_\_\_\_

Date of Defense \_\_\_\_\_

**THESIS COMMITTEE INFORMATION**

**Thesis Advisor or Co-Advisors:**

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>

**Members of Thesis Committee at Defense:**

Name	Department/Affiliation	Rank	
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>
_____	_____	_____	_____
<small>Print</small>			<small>Signature</small>

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