

College of Arts & Sciences- Defense Results

TENNESSEE TECHNOLOGICAL UNIVERSITY
Cookeville, Tennessee

GRADUATE SCHOOL
Box 5012

(PLEASE PRINT OR TYPE THIS FORM EXCEPT FOR APPROVALS)

TO: College of Graduate Studies

Chair, Advisory Committee _____

Department Chair _____

RE: Thesis or Dissertation Defense for: _____
(Student's Name)

Student ID/ "T" Number: _____

Major: _____

A final thesis/dissertation defense has been conducted for the above student who is a candidate for the following degree:

Master of Arts

Master of Science

Date of Examination

(This form is valid for the scheduled date of defense only and must be returned to the departmental office immediately following the defense.)

Thesis or Dissertation Title: _____

The student has _____ has not _____ passed the examination. _____
Chair, Advisory Committee

The student has _____ has not _____ passed the examination. _____
Members

The student has _____ has not _____ passed the examination. _____

The student has _____ has not _____ passed the examination. _____

The student has _____ has not _____ passed the examination. _____

The student has _____ has not _____ passed the examination. _____

The student has _____ has not _____ passed the examination. _____

Student must return to complete second attempt at defense by Date: _____