

**Colleges of Education, Engineering & Interdisciplinary Studies
Defense Results Form**



TO: College of Graduate Studies

FROM: Director of Doctoral Studies or Dean of College _____

VIA: Dept. Chair _____

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

Student "T" Number: _____

Major: _____

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

Master of Arts Master of Science Doctor of Philosophy

Date of Examination: _____

Thesis, Dissertation, or Project Title:

Note: The number of lines required in the committee section below will vary by degree program.

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

The student has has not passed the examination. Member _____

The student has has not passed the examination. Member _____

The student has has not passed the examination. Member _____

The student has has not passed the examination. Member _____

The student has has not passed the examination. Member _____

The student has has not passed the examination. Member _____

If a second defense is required, the student must complete second defense attempt on or before (date): _____