



Results of Thesis/Dissertation Oral Defense

Candidate Name _____

Student ID _____

Date of Defense _____

Graduation Semester _____

Major _____

Masters

Doctoral

Title of Thesis/Dissertation: (please type)

Pass Did not Pass

Pass Did not Pass

Chair

Member:

Co-Chair

External Member:
if applicable

Member:

Dean's Representative
(Doctoral Defenses Only)

Member:

Graduate School Approval Date:

Please return the completed form, with signatures, to your department. They will submit this to the Graduate School through the ES portal on your behalf.