Report on Dissertation/Thesis/Project Defense

Form Initiator Role:

First Name: ________________________________ Last Name: ________________________________ Student ID: ________________________________

Email: ________________________________ Phone: ________________________________

Degree: ________________________________ Major: ________________________________ Report For: ________________________________

(English, Physics, Geoscience, etc.)

First semester in the program: ________________________________ Year: ________________________________

THESIS/DISSERTATION DEFENSE INFORMATION: (A separate Comprehensive Exam Report form must be submitted if the Thesis/Dissertation defense is combined with the comprehensive exam.)

Thesis/Dissertation Title: ________________________________

Date of Defense: ________________________________

Please enter contact information below for the required form approvers.

Committee Chair/Co-Chair

First Name: ________________________________ Last Name: ________________________________ Email: ________________________________

Department Chair

First Name: ________________________________ Last Name: ________________________________ Email: ________________________________

College/School Dean

First Name: ________________________________ Last Name: ________________________________ Email: ________________________________

Graduate Coordinator

First Name: ________________________________ Last Name: ________________________________ Email: ________________________________

APPROVALS

Graduate Coordinator Comments:

Graduate Coordinator Signature ________________________________ Date ________________________________

Decision: ________________________________

Comments: ________________________________