

ORAL DEFENSE RESULTS OF THESIS/DISSERTATION EXAMINATION

To: Dean, Graduate School

From: _____
Department Head

Department

RESULTS OF THESIS/DISSERTATION EXAMINATION

Name of Student _____ **T-Number** _____

E-Mail _____

Title of Thesis/Dissertation _____

Date of Examination _____

ACTION OF COMMITTEE MEMBERS

Approved () **Disapproved** () _____

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Graduate School Representative

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Thesis/Dissertation Advisor