

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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