

**Result of Thesis/Dissertation/Scholarly Project Defense or Comprehensive Exam**

Please type directly into this form, then print the form for original signatures and decisions of individual committee members.

Type of Defense:

Student:

ID #:

Program of Study:

Title of Thesis/Dissertation/Scholarly Project:

Decision of Committee:

Votes of the members of the committee are officially registered by signing below.

<b>Signature</b>	<b>Vote (Pass/Fail)</b>	<b>Type Full Name</b>
------------------	-------------------------	-----------------------

\_\_\_\_\_  
Chair of Committee

\_\_\_\_\_  
Second Member

\_\_\_\_\_  
Third Member

Please obtain approval signature of graduate program director and submit the signed form to the Office of Graduate Education, AC 302, no longer than 10 working days after the defense or exam.

**Approved by Graduate Program Director**

**Date**

**Approved by the Office of Graduate Education**

**Date**