

North Carolina Agricultural and Technical State University
School of Graduate Studies
120 Gibbs Hall (336) 285-2366
REPORT ON ORAL DEFENSE FORM

Student Name _____

Student ID _____

Student Email _____

Academic Major _____

Department _____

Thesis/Dissertation Title _____

DEPARTMENTAL APPROVAL ONLY

Results of Oral Defense Examination

Passed the oral defense examination

Date of Defense

Failed the oral defense examination:

Academic Chairperson: _____

Major Professor: _____

Academic Advisor: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

**This form must be submitted by the committee chair to the School of Graduate Studies within 24 hours from the date of the oral examination.*