

North Carolina Agricultural State University
School of Graduate Studies
Bluford Library Building, Suite 100 (336) 334-7920

REPORT ON ORAL DEFENSE EXAMINATION FORM

DEFENDED THESIS: _____ DATE: _____

DEFENDED DISSERTATION: _____ DATE: _____

Name: _____

Sid #: _____

Email: _____

Academic Major: _____

TITLE of THESIS/DISSERTATION:

I expect to complete my requirements for graduation (circle one):

Fall Semester, Spring Semester, First Summer Session, Second Summer
Session, Dual Summer Session Academic Year:

.....
DEPARTMENTAL APPROVAL ONLY (check one):

Name: _____

PASSED the oral defense examination _____
FAILED the oral defense examination _____

Academic Chairperson: _____

Major Professor: _____

Academic Advisor: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

NOTE: The committee chairperson must file this form (1 copy) to the School of Graduate Studies, 100 Bluford Library Bldg., within 24 hours from the date of the oral examination.