



North Carolina Agricultural and Technical State University  
The Graduate College  
120 Gibbs Hall (336) 285-2366

### Results of Thesis/Dissertation FINAL ORAL DEFENSE

Student Name \_\_\_\_\_

Banner ID \_\_\_\_\_ Student Email \_\_\_\_\_

Academic Major/Concentration \_\_\_\_\_

Thesis/Dissertation Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPARTMENTAL APPROVAL ONLY**

#### Results of Final Oral Defense

Passed the oral defense examination

Failed the oral defense examination

Department Chairperson: \_\_\_\_\_  
Printed Name Signature Date

Thesis/Dissertation Chairperson: \_\_\_\_\_  
Printed Name Signature Date

Committee Member: \_\_\_\_\_  
Printed Name Signature Date

Committee Member: \_\_\_\_\_  
Printed Name Signature Date

Committee Member: \_\_\_\_\_  
Printed Name Signature Date

Committee Member: \_\_\_\_\_  
Printed Name Signature Date

Committee Member: \_\_\_\_\_  
Printed Name Signature Date

Date of Final Defense \_\_\_\_\_

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