



# Results of Thesis/Dissertation Oral Defense (Proposal/Preliminary Exam or Final Defense)

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

Banner ID (or last 4 digits): \_\_\_\_\_ Student Email: \_\_\_\_\_

Academic Program: \_\_\_\_\_

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

**Type of Oral Defense:**

Master's Thesis Proposal

Doctoral Preliminary Exam

Master's Thesis Defense

Doctoral Dissertation Defense

**FACULTY APPROVAL ONLY BELOW THIS LINE**

## Results of Oral Defense

Passed the oral examination

Failed the oral examination

Date of Oral Examination: \_\_\_\_\_

Department Chairperson  
(or Graduate Coordinator): \_\_\_\_\_

Printed Name	Signature	Date
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Major Professor  
(Committee Chair): \_\_\_\_\_

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

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

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

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

Printed Name	Signature	Date
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Graduate Faculty  
Representative (Ph.D. Only): \_\_\_\_\_

Printed Name	Signature	Date
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