

## Oral Defense Report

Return one copy signed by committee to the Graduate Advisor

Date \_\_\_\_\_

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

Date of Examination \_\_\_\_\_

The student's examination was evaluated as follows by the committee: Passed    Failed

### Committee Approval

Member \_\_\_\_\_  
Name Signature

Member \_\_\_\_\_  
Name Signature

Member \_\_\_\_\_  
Name Signature

Member \_\_\_\_\_  
Name Signature