

PhD Oral Defense Report

After each committee member signs this form, return it to your Grad Advisor.

NAME: _____

STUDENT ID #: _____ EMAIL: _____

Dissertation Defense Date: _____

The Committee evaluated this dissertation defense as follows:

Pass

Pass with Corrections

Fail

Corrections Summary (to be completed by Chair - use additional pages, if necessary):

Committee Approval (you are concurring with the attached Dissertation Defense Summary and any corrections noted above)

Chair: _____	_____	_____
Name	Signature	Department

Member: _____	_____	_____
Name	Signature	Department

Member: _____	_____	_____
Name	Signature	Department

Member: _____	_____	_____
Name	Signature	Department

Member: _____	_____	_____
Name	Signature	Department