

MS Thesis Oral Defense Report

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

NAME: _____

STUDENT ID#: _____ EMAIL: _____

Thesis Defense Date: _____

The Committee evaluated this defense as follows:

Pass

Pass with Corrections

Fail

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

Committee Approval

Chair: _____
Name Signature Department

Member: _____
Name Signature Department

Member: _____
Name Signature Department