

MS Thesis Oral Defense Report

Return one copy signed by committee to the Graduate Advisor

Date _____

Name of Student _____

UID _____

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

Passed

Failed

Comments:

Committee Approval

_____	_____	_____
Chair Name (Your advisor)	Member 1 Name	Member 2 Name
_____	_____	_____
<i>Chair Signature</i>	<i>Member 1 Signature</i>	<i>Member 2 Signature</i>