

This form must be completed by either the Dissertation Committee Chair or the Doctoral Program Director immediately following the defense and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. A copy of the public announcement must be submitted to the Office of Graduate Studies.

| | | |
|-----------------------------|-------|---------------|
| Name of Doctoral Candidate | _____ | _____ |
| | Last | First |
| Ph. D. Program | _____ | I. D. # _____ |
| Final Title of Dissertation | _____ | |
| _____ | | |
| Date of Defense | _____ | |

DISSERTATION COMMITTEE INFORMATION

Dissertation Advisor or Co-Advisors:

| Name | Department/Affiliation | Rank | |
|-------|------------------------|-------|-----------|
| _____ | _____ | _____ | _____ |
| Print | | | Signature |
| _____ | _____ | _____ | _____ |
| Print | | | Signature |

Members of Dissertation Committee at Defense:

| Name | Department/Affiliation | Rank | |
|-------|------------------------|-------|-----------|
| _____ | _____ | _____ | _____ |
| Print | | | Signature |
| _____ | _____ | _____ | _____ |
| Print | | | Signature |
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| Print | | | Signature |
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| Print | | | Signature |
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| Print | | | Signature |

Results of Defense: **Pass** **Fail** **Pass with Conditions**

Conditions _____

| | | |
|-------------------------------|------------|-----------|
| _____ | _____ | _____ |
| Date conditions have been met | Print Name | Signature |

Doctoral Program Director

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Department Chair

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Graduate Studies

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| Print Name | Signature | Date |