



Dissertation/Thesis Defense Final Examination Report

Candidate _____
Last First Initial

Examination date _____ Department _____

Degree MS PhD

Dissertation/Thesis title

The undersigned members of the Graduate Faculty have examined the candidate and accept his/her Dissertation/Thesis.

Examination Committee			
Typed Name	Accept	Signature	Department
(Advisor)	<input type="checkbox"/>		
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Approvals

Signature of Department Head Date _____

Signature of Dean of the School of Graduate Studies Date _____