

**Dissertation Defense Report
Th.D. Program**



Committee Chair: Please submit the completed report to the Th.D. director

Name of Student _____

Dissertation Title _____

Date of Defense _____

- Committee Action:** Approve
 Accept with minor revision (chair empowered to verify)
 Request significant revision and resubmission
 Decline and discontinue from program

PRINTED NAME

SIGNATURE

_____	_____ (Chair)
_____	_____
_____	_____
_____	_____
_____	_____

When the committee action is to pass, any committee member who votes to fail should sign this report as a complete record of the examination and note the negative vote beside the signature.