



THESIS DEFENSE AND COMPREHENSIVE EXAMINATION REPORT

K ID# _____

This is to certify that _____
(First Name) (M.I) (Last Name)

Passed / Failed a WRITTEN or ORAL examination on course work graded by a Committee of Graduate

Faculty on _____ Passed Failed an oral presentation before a Committee of
(Date)

Graduate Faculty in defense of the thesis on _____
(Date)

Thesis Committee Chairman

Print (First Name) _____ (Last Name) _____ Signature _____ Date _____

Committee Member from Major Area : _____
Signature _____ Date _____

Graduate Coordinator from Major Field : _____
Signature _____ Date _____

Members From Supporting Field : _____
(when applicable) Signature _____ Date _____

Committee Member : _____
Signature _____ Date _____

Instructions:

1. All signatures are required. Exceptions must be cleared in writing with the Graduate Studies Dean.
2. Return this form to the Graduate Studies Office at least three weeks before graduation.