Thesis/Dissertation Defense

College of Humanities and Social Sciences

4-12-05

Date: _____

Department: _____

Student's Name: _____

SamID: _____

Graduating Semester: _____

A Thesis/Dissertation Defense was administered on _____, 202__, at
Date

_____.
Time

The examining committee consisted of the following members:

Printed Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Title: _____

Grading on Thesis/Dissertation Defense: _____
(Please list results of Thesis/Dissertation Defense)

_____ _____
Graduate Advisor Date

_____ _____
Department Chair Date

_____ _____
Dean, College of Humanities and Social Sciences Date