

Date _____

Report of the Final Examination (Dissertation Defense)

Name _____

Last

First

Middle

U of U ID# _____

Date of Examination: _____

The student's oral examination was evaluated as follows by the committee:

___ Passed

___ Failed

The student's dissertation was read and evaluated as follows by the committee:

___ Passed

___ Failed

Signatures of supervisory committee:

Chair _____ Signature _____

Member _____ Signature _____

Member _____ Signature _____

Member _____ Signature _____

Member _____ Signature _____

RETURN TO THE PHD OFFICE

Entered into GTS Date:
