

## ARKANSAS TECH UNIVERSITY DISSERTATION DEFENSE FINAL REPORT



This form should be completed and filed with the Graduate College after the dissertation final defense is completed.

STUDENT NAME:	T NUMBER:  PHONE:			
EMAIL ADDRESS:				
DISSERTATION TITLE:				
DATE OF FINAL DEFENSE:				
DISSERTATION FINAL DEI	FENSE:   PASSE	D 🗆 FAILED		
SIGNATURES OF DISSERTA	ATION COMMITTEE	MEMBERS:		
CHAIR NAME (PRINT)	SIGNATURE	DATE	_ □ PASSED	☐ FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	 DATE	_ □ PASSED	☐ FAILED
COMMITTEE MEMBER (FRINT)	SIGNATURE	DATE	□ PASSED	☐ FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE	_ □ PASSED	□ FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE	_ □ PASSED	☐ FAILED
SIGNATURES OF APPROVA	<u> </u>			
Program Director			 Date	
Dean of the Graduate College			 Date	