



ARKANSAS TECH UNIVERSITY



THESIS DEFENSE & FINAL DRAFT APPROVAL FORM

This form should be completed and filed with the Graduate as soon as possible after the thesis defense is completed.

STUDENT NAME: _____ **T NUMBER:** _____

EMAIL ADDRESS: _____ **DATE:** _____

THESIS TITLE:

DATE OF DEFENSE: _____

- **THESIS DEFENSE:** PASSED FAILED
- **FINAL THESIS DRAFT APPROVED FOR SUBMISSION TO GRADUATE COLLEGE:** YES NO

SIGNATURES OF DISSERTATION COMMITTEE MEMBERS:

_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED
CHAIR NAME (PRINT)	SIGNATURE	DATE		
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED
COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE		

SIGNATURES OF APPROVAL:

Program Director Date

Dean of the Graduate College Date