

THESIS DEFENSE & FINAL DRAFT APPROVAL FORM

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

Student Name _____ Student T# _____ Date _____

Thesis Title:

Date of Defense _____

Thesis Defense: PASSED FAILED

Final draft version of thesis approved for submission to Graduate College:

YES NO

SIGNATURES OF THESIS COMMITTEE MEMBERS

Chairperson:	_____	_____	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED
	<i>Print</i>	<i>Signature</i>				
Member:	_____	_____	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED
	<i>Print</i>	<i>Signature</i>				
Member:	_____	_____	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED
	<i>Print</i>	<i>Signature</i>				
Member:	_____	_____	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED
	<i>Print</i>	<i>Signature</i>				
Member:	_____	_____	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED
	<i>Print</i>	<i>Signature</i>				

Graduate Dean: _____ Date _____