

Thesis/Dissertation Defense
College of Humanities and Social Sciences

4-10-14

Date: _____

Department: _____

Student's Name: _____

SamID: _____

Graduating Semester: _____

A Thesis/Dissertation Defense was administered on _____, 20____, 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: Pass/Fail)

Graduate Advisor Date

Department Chair Date

Dean, College of Humanities and Social Sciences Date