Master's Final Defense Report for Thesis or Project

This form must be submitted to and approved by the Graduate School within one business day of your final defense.

Name: ____________________________ Student ID#: ________________

Degree/Program: ____________________________

Defense Date: ____________________________
Month __________ Day __________ Year __________

Official Title: ____________________________
The title entered is the official title of your thesis cannot be changed after submission of this form.

☐ Passed  ☐ Failed  ☐ Project  ☐ Thesis

Student:
Name: ____________________________ Signature: ____________________________
Date: ____________________________

Chair:
Name: ____________________________ Signature/Date: ____________________________

Member:
Name: ____________________________ Signature/Date: ____________________________

Member:
Name: ____________________________ Signature/Date: ____________________________

Member:
Name: ____________________________ Signature/Date: ____________________________

Member:
Name: ____________________________ Signature/Date: ____________________________

Graduate Program Director
Name: ____________________________ Signature/Date: ____________________________