

REPORT OF DOCTORAL FINAL ORAL DEFENSE FORM

This form must be filed with the Graduate College by the Dissertation Defense Chair (not the student) **within 48 hours of the oral defense**. In the case of disagreement within the Defense Committee, the Chair should consult with the Office of Graduate Studies. The deadline is typically the first day of final exams during the term in which the student plans to graduate. *Please check with the Graduate College for exact term deadline.*

We have examined the following student who is pursuing a PhD/doctoral degree in _____.
(Degree/Program)

 (Student Full Name)

 (Student ID Number)

The results of the final dissertation defense on _____ WERE or WERE NOT satisfactory.
 (MM/DD/YYYY)

Each committee member must sign this form to show either agreement with or dissent from the overall result.

Print Name	Signature
Chair: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____
We dissent from the report:	
Member: _____	_____
Member: _____	_____
Member: _____	_____

Authorizations/Signatures*	
Chair: _____	Date: _____
Supervising Professor (if not the Chair): _____	Date: _____
Co-Supervising Professor (if applicable): _____	Date: _____
Department Graduate Advisor: _____	Date: _____
Graduate College: _____	Date: _____

***Please Note:** *If corrections/edits are necessary, please sign, date, and submit this form once **all** corrections have been made by the student and approved by the committee.*