

EVALUATION OF COMPLETED Ph.D. DISSERTATION DEFENSE

Name _____

Date _____

DISSERTATION TITLE _____

RESULTS

1. Dissertation approved without revisions _____
2. Dissertation approved with revisions _____
 - Under supervision of committee _____
 - Under supervision of chair _____
3. Dissertation not approved _____

COMMITTEE SIGNATURES

Chair _____

Second Reader _____

Third Reader _____

Fourth Reader _____

Fifth Reader _____

Please forward to the Assistant Director of the Doctoral Program