

## RESULTS OF THESIS DEFENSE

TO:	Graduate Program Coordinator
FROM:	Thesis Committee Chairperson

RE: Results of Thesis Defense

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	E-MAIL ADDRESS

The above named candidate defended a thesis entitled:

The following results are reported:

SUCCESSFULLY DEFENDED  
 SUCCESSFULLY DEFENDED PENDING REVISIONS  
 UNSUCCESSFUL

COMMENTS:

APPROVALS: Signatures below indicate acknowledgment of results reported above.

STUDENT'S SIGNATURE	DATE	COMMITTEE MEMBER	DATE
COMMITTEE CHAIRPERSON	DATE	COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE	COMMITTEE MEMBER	DATE