



Masters Thesis or Project Defense Form

Name: _____ Date of Approval: _____

UNID: _____

Thesis/Project Title:

Pass _____ Fail _____

Revisions: Yes No

Conditions of Revision:

Degree (select one): Master of Arts Master of Science

Approved By:

Committee Chair

Name: _____ Signature: _____

Committee Member

Name: _____ Signature: _____

Committee Member

Name: _____ Signature: _____

Director of Graduate Studies/ Department Chair

Name: _____ Signature: _____