



PhD Thesis Defense Form

Name: _____ Date of Approval: _____

UNID: _____

Thesis Title:

Pass _____ Fail _____

Revisions: Yes No

Conditions of Revision:

Approved By:

Committee Chair

Name: _____ Signature: _____

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Name: _____ Signature: _____

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Name: _____ Signature: _____

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Name: _____ Signature: _____

Director of Graduate Studies/ Department Chair

Name: _____ Signature: _____

