



COLLEGE OF ENGINEERING and APPLIED SCIENCE
RECORD OF ORAL/DEFENSE FORM

Name of Student:
Date of Defense:
Student ID M#:
Student Phone #:
Email Address:

Program:

Candidate for the degree of:

The below committee testifies that the candidate was examined and has

Passed [] Did Not Pass []
MS Thesis [] MS Non-Thesis []
Proposal [] Final [] PhD Dissertation []

Thesis or Dissertation Title:

Examiners:

Chairperson/Advisor Signature
Print Name
Print Name Signature
Print Name Signature
Print Name Signature
Print Name Signature

Program of Study submitted? Yes [] No []
Baccalaureate Degree Checked? Yes [] No []

GRADUATE DIRECTOR APPROVAL:

*MS students continuing to PhD program must submit appropriate application form