

## CAECM Student 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 <input type="checkbox"/>	Did Not Pass <input type="checkbox"/>	
MS Thesis <input type="checkbox"/>	MEng <input type="checkbox"/>	MS Non-Thesis <input type="checkbox"/>	PhD <input type="checkbox"/>
	Proposal <input type="checkbox"/>	Final <input type="checkbox"/>	

**Thesis or Dissertation Title:** \_\_\_\_\_

Examiners:

<b>Chairperson/Advisor</b>	Signature
Print Name	
	Signature
Print Name	
	Signature
Print Name	
	Signature
Print Name	

Program of Study submitted?      Yes       No

Baccalaureate Degree Checked?      Yes       No

**GRADUATE DIRECTOR APPROVAL:** \_\_\_\_\_

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