



A Report of the Final Oral Examination for the PhD Degree
 Dissertation Defense

Name: _____ UNID: _____

Date of Final Exam: _____ Expected Graduation: _____
 (Semester / Year)

Dissertation Title: _____

Dissertation Abstract (can attach separately, if needed):

Result: Pass Conditional Pass (w/ comments) _____
 Fail

Supervisory Committee:

 Committee Chair Signature UNID

 Committee Member 2 Signature UNID

 Committee Member 3 Signature UNID

 Committee Member 4 Signature UNID

 Committee Member 5 Signature UNID