

## THESIS DEFENSE AND COMPREHENSIVE EXAMINATION REPORT

KID# \_\_\_\_\_

This is to certify that \_\_\_\_\_ has  
(First Name) (M.I) (Last Name)

Passed /  Failed a WRITTEN or ORAL examination on course work graded by a Committee of Graduate

Faculty on \_\_\_\_\_ AND  Passed /  Failed an oral presentation before a Committee of  
(Date)

Graduate Faculty in defense of the thesis on \_\_\_\_\_ .  
(Date)

### Thesis Committee Chairman

\_\_\_\_\_  
Print (First Name) (Last Name) Signature Date

Committee Member from Major Area :

\_\_\_\_\_  
Signature Date

Graduate Coordinator from Major Field :

\_\_\_\_\_  
Signature Date

Members From Supporting Field :  
 (when applicable)

\_\_\_\_\_  
Signature Date

Committee Member :

\_\_\_\_\_  
Signature Date

### Instructions:

- 1. All signatures are required. Exceptions must be cleared in writing with the Graduate Studies Dean.**
- 2. Return this form to the Graduate Studies Office at least three weeks before graduation.**