

## Graduate Program Defense Completion Form

Student Info	ormation:					
Legal Name:	-					
	Last	First		Middle		
Student ID#:			Email:			
Degree:			Program:			
Type:	☐ Thesis ☐ Dissertation ☐ Oral/\	Written Exam	Date of Defense:			
Thesis/Disser	rtation					
Title:			*Exact title as it should	d appear in Commenceme	ent program	
dissent of the con	Members: is thesis/dissertation/oral exam is adequatent and format is indicated below. This formatis selected by the control of the control o	orm should not be	uality as a record of study for	this graduate degree. Ou	ır approval or	
Printed Name		Signature		G	Grade	
Committee Chai	<u> </u>			Pass	No Credit	
Committee Men	nber			Pass	No Credit	
Committee Member				Pass	No Credit	
Committee Men	nher			Pass	No Credit	
Committee Wen	ibei			1 833	No credit	
Committee Men	nber			Pass	No Credit	
I hereby $\square$ <b>DO</b>	a <b>Grades</b> *If Applicable:  ☐ <b>DO NOT</b> authorize all degree plan I be changed to Pass (P).	ncomplete (I or N	) grades for 299, 399, etc. co	oursework for which the	above-named	
Department Cha	irperson	Signature		Date		
I have reviewed the	,	ve-mentioned do nmittee. To the bo atting Guide. Student Si	cument and determined that est of my knowledge, this doo	•		
For Graduate Se	chool Office Use Only:					
Vanified Co. 1	to Comiton Consistint					
Verified: Gradua	te Services Specialist Date					