



**FINAL DISSERTATION DEFENSE REPORT – Master of Science Student**

Candidate's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Examination Date: \_\_\_\_\_

- The candidate passed the examination. Dissertation accepted as presented.
- The candidate passed the examination. Dissertation requires revisions to be approved by the:
  - advisor    department chair    advisory committee    examination committee
- Dissertation requires additional experiments and written revisions. It must be approved by the:
  - advisor    department chair    advisory committee    examination committee
- The candidate has failed the Final Examination.

We make the following recommendations:

**Examination Committee:**

Name (please print)	Signature	Concur	Dissent
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mentor/Committee Chair			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_