

**RESULTS OF DISSERTATION DEFENSE**

Student Name:

Student ID:

Date:

Dissertation Title:

**This candidate has been examined by the Graduate Advisory Committee with the following results:**

Date of Examination:

Pass

Fail

*If edits, changes and/or additions need to be made to the dissertation, list those requirements here (attach additional pages as necessary) and indicate how the revisions will be approved:*

Pass

Fail

CCU Graduate Advisor Name

Signature

Date

CCU Graduate Co-Advisor Name (optional)

Signature

Date

CCU Committee Member Name

Signature

Date

CCU Committee Member Name

Signature

Date

External Committee Member Name

Signature

Date

External Committee Member Name

Signature

Date