

RESULTS OF THESIS DEFENSE

Student Name:

Student ID:

Date:

Thesis 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 thesis, 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 (optional)

Signature

Date

MSCI Associate Chair of Graduate Programs

Date