

GRADUATE SCHOOL OF ARTS AND SCIENCES

Report on Oral Defense Form

Department/Program _____

Student Name _____

Dissertation Title _____

MENTOR

_____ Approved

_____ Not approved

NAME

SIGNATURE

READER

_____ Approved

_____ Not approved

NAME

SIGNATURE

READER

_____ Approved

_____ Not approved

NAME

SIGNATURE

READER

_____ Approved

_____ Not approved

NAME

SIGNATURE

READER

_____ Approved

_____ Not approved

NAME

SIGNATURE

Oral Defense Date _____

The doctoral examination committee consists of the dissertation committee and, in most cases, additional examiners, according to departmental procedures.