

Oral Defense Report Form

Student Name:

QU ID:

Degree:

Major:

The exact wording of the thesis/dissertation title:

The results of the Oral Defense of this Thesis/ Dissertation are reported below

Pass with no modifications

Pass with minor modifications

Pass with major modifications

Fail

Comments:

PRINTED NAME

SIGNATURE

DATE

Chair, Thesis/Dissertation Committee

Committee Member

Committee Member

Committee Member

Committee Member

Graduate Studies Representative

Associate Dean Signature

This report must be signed and filed with the Office of Graduate Studies as soon as final approval is given for the corrected thesis/dissertation. This form MUST be submitted before the thesis/ dissertation can be approved.