

Dissertation Defense Evaluation Form

Please complete and return form to the Program Coordinator

Student Name _____ Student ID# U _____

Date: _____

Dissertation Title:

☐ **Approved.**

☐ **Not Approved.**

1. Committee Advisor/Chair Signature _____ Date _____

2. Committee Member Signature _____ Date _____

3. Committee Member Signature _____ Date _____

Office Use Only

Date Processed _____ By _____

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.