

PhD Dissertation Acceptance Form

The dissertation oral defense committee acknowledges that they have completed their review of the candidate's dissertation, have heard the candidate's oral defense of that dissertation, and are registering their vote of pass or fail for this dissertation and its defense.

Student name: _____ Ph.D. Program name: _____

E-mail address: _____ Student ID#: _____

Dissertation Title: _____

Oral defense date: _____ Oral defense location: _____

To be completed by the Oral Defense Committee. The Committee Chair is responsible for ensuring that any required minor edits of the dissertation are completed by the student.

		Choose one:
Committee chair:	_____	Signature: _____ <input type="radio"/> Pass <input type="radio"/> Fail
Committee member:	_____	Signature: _____ <input type="radio"/> Pass <input type="radio"/> Fail
Committee member:	_____	Signature: _____ <input type="radio"/> Pass <input type="radio"/> Fail
Committee member:	_____	Signature: _____ <input type="radio"/> Pass <input type="radio"/> Fail
Committee member:	_____	Signature: _____ <input type="radio"/> Pass <input type="radio"/> Fail
Committee member:	_____	Signature: _____ <input type="radio"/> Pass <input type="radio"/> Fail

To be completed by the program Ph.D. coordinator:

Received by: _____ Signature: _____

~ Note that more than a single dissenting vote means that the student fails their dissertation oral defense.

Passing votes (#): _____

Failing Votes (#): _____

Examination Outcome: Pass Fail