

## 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: \_\_\_\_\_

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**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

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**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