

# Thesis /Comp Exam Defense

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

*The signatures below signify that the student has successfully defended their thesis or written examination and has been approved by the committee as meeting the standards and requirements of the History Department.*

**Chair:** \_\_\_\_\_ Approve/Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee Member:** \_\_\_\_\_ Approve/Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee Member:** \_\_\_\_\_ Approve/Disapprove: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assessment Score:** \_\_\_\_\_