



Thesis & Dissertation Defense Results Form

Student's Name _____ UWG ID # _____

Degree _____ Major/Concentration _____

Thesis or Dissertation Title: _____

The committee for the above named student conducted a final oral defense of the master's thesis or the doctoral dissertation on _____ (date) and, has determined that the student's performance be considered as follows:

_____ **Passed.** The committee recommends that the masters / doctoral degree be awarded upon submission of the thesis / dissertation in acceptable final form to the Dean of College or School. *(Requires a unanimous vote.)*

_____ **Not Passed.** The committee recommends that the student, following consultation and with the consent of his/her advisor, be allowed to repeat the final oral defense no more than one additional time.

_____ **Failed.** No provision for repeating the oral exam.

Comments: _____

Thesis/Dissertation Chair

Committee Member

Committee Member

Committee Member

(Note that the P-12 Representative is not a voting member in the oral defense examination so does not sign this form.)

Required Signatures

Program Director _____ Date _____

Dean of College or School _____ Date _____

GSA's Initials _____

Date: _____