



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