

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

CWID: \_\_\_\_\_

Program: \_\_\_\_\_

**Doctoral Student** \_\_\_\_\_

- has successfully defended the dissertation. There are:
  - no modifications required.
  - certain modifications to be made to the dissertation.
  
- has NOT successfully defended the dissertation.

Date of Exam: \_\_\_\_\_

Chair: \_\_\_\_\_  
First Name Last Name Chair Signature

Committee  
Members: \_\_\_\_\_  
First Name Last Name Member Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE TO CHAIR: Prepare a letter for the student defining the modifications requested (if applicable).**