

Student Full Name

CWID

Program

Title of Dissertation

_____ has...
Student Full Name **passed** the Final Defense with **no modifications** required.
passed the Final Defense **with modifications** required.
has not passed the Final Defense.

Date of Final Defense _____
 Date

Chair Approval

First Name & Middle Initial	Last Name	Chair Signature	Date
-----------------------------	-----------	-----------------	------

Committee Member Approval

First Name & Middle Initial	Last Name	Member Signature	Date
-----------------------------	-----------	------------------	------

First Name & Middle Initial	Last Name	Member Signature	Date
-----------------------------	-----------	------------------	------

First Name & Middle Initial	Last Name	Member Signature	Date
-----------------------------	-----------	------------------	------

Note to Chair: Prepare a letter for the student defining the modifications required (if applicable).