



COMPLETION OF DEFENSE



DATE: _____

TO: Dr. Sharan Majumdar
Associate Dean for Graduate Studies

FROM: _____
Committee Chairperson

SUBJECT: Defense of Master's Thesis
 Defense of PhD Dissertation

The **(Master's / PhD)** candidate, _____, successfully
Student Name
defended **(his / her) (thesis / dissertation)** on _____.
Month/Day/Year

The following committee members were present:

		In Person	Remote	Not Available	Approve	Disapprove
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>