



Thesis/Dissertation Defense & Comprehensive Assessment Form

Date: _____

Student Name: _____ Student ID: _____

The graduate student named above completed the prescribed thesis/dissertation defense or comprehensive assessment and the results were evaluated by the student's Committee on the dates indicated.

NOTE: For any project or research approved by the IRB or IACUC compliance committee, this form will not be accepted without a copy of the Completion Report (IRB) or Annual Report (IACUC) attached.

Thesis Defense Dissertation Defense Comprehensive Exam/Assessment Final Project Other: _____	PASS	FAIL
	IRB/IACUC/IBC Protocol Number (if applicable): _____	

[In cases of failure, the student may consult the committee chair regarding re-examination process]

_____	Type Name	Date
_____	Type Name	Date
_____	Type Name	Date
_____	Type Name	Date
Department Head	Type Name	Date
Graduate Dean/Faculty Representative	Type Name	Date

Submit this form to the College of Graduate Studies (T-0350).

For COGS Use Only

____ Student/Chair Notified Date _____
 ____ Sent to Research Compliance Date _____

For OSP Use Only

____ Date Verified Initials _____ Date _____