



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/Capstone Other: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">PASS</td> <td style="width: 50%; padding: 5px;">FAIL</td> </tr> </table> IRB/IACUC/IBC Protocol Number (if applicable): _____	PASS	FAIL
PASS	FAIL		

[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 _____