



MS Thesis Defense Outcome Form

Name _____

Student ID _____

E-mail _____

FAMU

FSU

Thesis title _____

Defense date _____

The overall outcome of the oral thesis defense and examination is:

Pass

Fail

To be Re-examined

Thesis Advisor & Committee Member 1:

Pass Fail
Re-examine

Printed Name

Signature

Committee Member 2:

Pass Fail
Re-examine

Printed Name

Signature

Committee Member 3:

Pass Fail
Re-examine

Printed Name

Signature

Committee Member 4 (optional):

Pass Fail
Re-examine

Printed Name

Signature

Your Defense Outcome form should be submitted to the Dept. immediately following your presentation

DEPARTMENT USE ONLY BELOW THIS LINE

** Your Dept Grad Rep will acquire Dept Chair and Grad Coordinator Signatures*

Graduate Coordinator (print name)

*Signature

Department Chair (print name)

*Signature

Date Submitted to Dept