

**Portfolio Defense Form**

Name: \_\_\_\_\_  
Last First Middle

Unid: \_\_\_\_\_

Degree:       MA       MS

Major Field: \_\_\_\_\_

The student's portfolio was evaluated by the Supervisory Committee, and it is considered approved:

Name	Signature
<i>(Chair)</i>	

Defense Date: \_\_\_\_\_

*Return to Department of History Graduate Staff*

Date entered into CIS: \_\_\_\_\_ By: \_\_\_\_\_