



Thesis/Dissertation Defense Form

Name: _____
Last First Middle

Unid: _____

Degree: MA PhD

Major Field: _____

Minor Fields (PhD Only): _____

The student's thesis/dissertation was evaluated by the Supervisory Committee as follows:

Thesis/Dissertation Passed Thesis/Dissertation Failed

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

Defense Date: _____

Return to Department of History Graduate Staff

Date entered into CIS: _____ By: _____