



## Dissertation Defense Evaluation Form

---

**Please complete and return form to the Program Coordinator**

Student Name \_\_\_\_\_ Student ID# U \_\_\_\_\_

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

Dissertation Title:

\_\_\_\_\_  
\_\_\_\_\_

---

**Approved.**

**Not Approved.**

1. Committee Advisor/Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date Processed \_\_\_\_\_ By \_\_\_\_\_

Notes

---

---

---

---

---

