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**RESULTS OF ORAL EXAMINATION IN DEFENSE OF
THESIS/DISSERTATION**

To: The Dean of The Graduate School

From: _____
Print Name of Candidate's Committee Chair or Committee Co-Chairs

School/Department: _____

Date: _____

RE: Results of Oral Examination in Defense of Thesis Dissertation

Degree Candidate: _____ Student ID Number: _____

Degree: _____ Major: _____

Date of Examination: _____ Competency Rating: Pass Fail

Comments:

Committee Chair: _____
(or Co-Chair) Signature Date

Committee Co-Chair: _____
Signature Date