

RESULTS OF THESIS DEFENSE

To:	Associate Dean of Academics, CNHP
From:	Thesis Committee Chairperson -
Cc:	Graduate Program Coordinator Office of Academic Assistance Advisor

RE: Results of Thesis Defense

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	GRADUATE TRACK

THE ABOVE NAME CANDIDATE DEFENDED A THESIS ENTITLED:

THE FOLLOWING RESULTS ARE REPORTED:	<input type="checkbox"/> Successfully Defended
	<input type="checkbox"/> Successfully Defended Pending Revisions
	<input type="checkbox"/> Unsuccessful

COMMENTS:

APPROVALS: Signatures below indicate acknowledgment of results reported above.

STUDENT'S SIGNATURE	DATE	COMMITTEE MEMBER	DATE
MAJOR ADVISER/COMMITTEE CHAIRPERSON	DATE	COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE	COMMITTEE MEMBER	DATE

File Copies: Student Department File and Office of the Associate Dean for Academic Affairs
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