



COMPLETION OF DEFENSE

DATE: _____

TO: Dr. Brian Soden
Associate Dean for Graduate Studies

FROM: _____
Committee Chairperson

SUBJECT: Defense of Master's Thesis



The **Master's** candidate, _____, successfully
Student Name

defended their **thesis** on _____.
Month/Day/Year

The following committee members were present:

		In Person	Remote	Not Available	Approve	Disapprove
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Recommendations: