



## 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: