



COMPLETION OF DEFENSE



DATE: _____

TO: Dr. Brian Soden
 Associate Dean for Graduate Studies

FROM: _____
 Committee Chairperson

SUBJECT: Defense of PhD Dissertation

The **PhD** candidate, _____, successfully
Student Name

defended their **dissertation** 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"/>
_____	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>