Dissertation And Scholarly Project Defense Report For Doctoral Candidates

Please submit this form to the Graduate School the day after your defense. The title entered below is the official title of your dissertation or scholarly project and cannot be changed after submission of this form.

Name: ___________________________________________  ID #: 800____________________

Degree/Major: __Ph.D. in Applied Mathematics________________________

☐ Dissertation Defense  Date: ______________________ Passed: ____  Failed: ____

☐ Scholarly Project Defense  Date: ______________________  Passed: ____  Failed: ____

Official Title-Please Print Clearly: ________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Student’s Signature: _____________________________________ Date: __________________

Committee Signatures:

Chair: ________________________________________________
(Print Name, Sign and Date)

Member: ________________________________________________
(Print Name, Sign and Date)

Member: ________________________________________________
(Print Name, Sign and Date)

Member: ________________________________________________
(Print Name, Sign and Date)

Graduate Faculty Representative: ___________________________________________________
(Print Name, Sign and Date)

Graduate Program Director: ________________________________
(Print Name, Sign and Date)

May 2014