



Oral Defense Report

STUDENT'S INFORMATION

Full Student's Name: _____ QU ID: _____

Degree: _____ Major: _____

Exact Title of Thesis/Dissertation:

The results of the Oral Defense of this Thesis/Dissertation are reported below:

Pass with no modifications

Pass with minor modifications

Pass with major modifications

Fail

Comments:

SIGNATURES

Title	Full Name	Signature	Date
Chair. Thesis/dissertation Committee			
Committee Member 2			
Committee Member 3			
Committee Member 4			
Committee Member / Dean's Representative			
Associate Dean of Research and Graduate Studies			

This report must be signed and sent to the Office of Graduate Studies as soon as final approval is given for the corrected thesis/dissertation.