

**Colleges of Education, Engineering & Interdisciplinary Studies
Defense Results Form**

TENNESSEE TECHNOLOGICAL UNIVERSITY
Cookeville, Tennessee

GRADUATE SCHOOL
Box 5012, Derryberry Hall 306

(PLEASE PRINT OR TYPE THIS FORM EXCEPT FOR SIGNATURES)

TO: Dr. Mark Stephens, Dean, College of Graduate Studies

FROM: Director of Doctoral Studies or Dean of College* _____

VIA: Dept. Chair* _____

RE: Thesis or Dissertation Defense for: _____
(Student's Name)

Student ID/ "T" Number: _____

Major: _____

A final thesis/dissertation defense has been conducted for the above student who is a candidate for the following degree:

Master of Arts

Master of Science

Doctor of Philosophy

Date of Examination: _____

(This form is valid for the scheduled date of defense only and must be returned to the departmental office immediately following the defense.)

Thesis or Dissertation Title: _____

*** Indicates signatures needed before this form is sent to the College of Graduate Studies. The number of lines required in the committee section directly below will vary by degree program.**

Chair, Advisory Committee*

The student has has not passed the examination. _____

The student has has not passed the examination. Member* _____

The student has has not passed the examination. Member* _____

The student has has not passed the examination. Member* _____

The student has has not passed the examination. Member* _____

The student has has not passed the examination. _____

The student has has not passed the examination. _____

Student must complete second defense attempt on or before (date): _____