



Thesis/Dissertation Oral Defense Results

Graduate College

To the Dean of the Graduate College:

The following student appeared for his/her defense:

Name _____ CWID# _____

On the following date: _____ Upon the degree/major given below:

Degree _____

Major _____

Please sign below whether the student has or has not passed the defense:

Student **has** satisfactorily completed
the final defense:

Student **has not** satisfactorily
completed the final defense:

Chair

Chair

(Must be signed and returned to the Graduate College **immediately following** defense)

NOTE: At the close of the defense, after the candidate has been excused, the members of the Committee should discuss the student's defense of the research associated with his/her thesis or dissertation. Each member of the Committee must sign under one of the above statements recommending either a satisfactory or unsatisfactory defense. Refer to the OSU Catalog (*Advisory Committee Decisions*) regarding criteria for successfully passing an Oral Defense. The result of this defense neither approves nor disapproves the thesis/dissertation document, but only the oral defense of the student's work.