

# DISSERTATION DEFENSE REPORT

ANDREWS UNIVERSITY

ID #

Name:

Degree:

E-Mail:

Defense Date:

Evaluation:

| Oral Defense                  |                          | Written Document         |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| Exceeds Expectations          | <input type="checkbox"/> | No Revisions Required    | <input type="checkbox"/> |
| Meets Expectations            | <input type="checkbox"/> | Minor Revisions Required | <input type="checkbox"/> |
| Marginally Meets Expectations | <input type="checkbox"/> | Major Revisions Required | <input type="checkbox"/> |
| Does Not Meet Expectations    | <input type="checkbox"/> |                          |                          |

Committee Members: (Print or Type)

Signature: (Indicates Approval)

Chair

Methodologist/2<sup>nd</sup> reader

3<sup>rd</sup> reader

External examiner

4<sup>th</sup> reader/Additional member

APPROVED \_\_\_\_\_  
Department Chair or Program Director

Date \_\_\_\_\_

\_\_\_\_\_  
Dean of College

Date \_\_\_\_\_