

REPORT OF THE STUDENT'S THESIS COMMITTEE

FirstName:	<input style="width: 95%;" type="text"/>	LastName:	<input style="width: 95%;" type="text"/>	ID#:	<input style="width: 95%;" type="text"/>
E-mail:	<input style="width: 95%;" type="text"/>			Degree	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>				
City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Zip Code	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>				
		Major Area:	<input style="width: 95%;" type="text"/>		
		Cognate Area	<input style="width: 95%;" type="text"/>		
		Date:	<input style="width: 95%;" type="text"/>		

Evaluation of Oral Defense of Thesis

Committee Members:	Signature: (Indicate Approval)	Approved	Approved subject to revisions	Rejected
Chair <input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
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Approval

Department Chair/Program Coordinator:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
Dean, School of Education:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>