

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"/>				Date:
				Major Area:	<input style="width: 95%;" type="text"/>
				Cognate Area	<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: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
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Approval

Department Chair/Program Coordinator: Date:

Dean, School of Education: Date: