



MA Religion

REPORT OF THESIS/PROJECT DEFENSE COMPLETION FORM

Please Print Clearly

Name: _____ Andrews ID: _____ Today's Date: _____

Bulletin: _____ Anticipated Graduating Semester: Spring Summer Fall Year: 20____

Defense Deadline: Spring, April ____ (May Grad) Summer, July ____ (Aug Grad) Fall, Dec ____ (Dec - No ceremony)

Online _____ Off Campus (list site) _____ On Campus _____

Project Thesis Email: _____ Telephone: _____

Date of Defense _____ Writing Style: (APA, Turabian, etc.) _____

Topic: _____

By signing this form, the committee members are stating the thesis/project has been checked for each item listed below:

- Defense Content: Pass Pass with Revisions Does not Pass
- Formatting/Editing: Pass Pass with Revisions Does not Pass
- Plagiarism: Pass Pass with Revisions Does not Pass

Defense Comments: _____

_____ Examining Committee Chair Signature	_____ Date
_____ Examining 2 nd Committee Member Signature	_____ Date
_____ Examining 3 rd Committee Member Signature	_____ Date
_____ Academic Advisor/ Program Director Signature	_____ Date
_____ School Dean/Signature	_____ Date

Return this form to the MA Religion office (N140 – AU Seminary) after defense has taken place. It should be accompanied with a signed, original signature page from the thesis. Students doing a project do not need to submit a signature page.