

Registrar's Office
Report on Thesis Defense of PhD Students *

To : Registrar
From : Department of
Student's ID :
Student's Name :
Program :

I. Thesis Defense:

(a) The Thesis Committee and the Thesis proposal were approved on: (Date)

(b) The above student defended his/her thesis on
and was evaluated as: (Date)

Pass
Fail

(c) Following is the exact title of the Thesis:

(d) The Examining Committee included the following members:

1. (Chairman)
2. (Advisor)
- 3.
- 4.
- 5.
- 6.

II. Remarks:

Date: _____

Signature of Chairman of Committee

* This form must be completed in full and in accordance with University regulations on Graduate Study as they appear in the University Catalogue.