



Dissertation Defense Outcome

Name _____ KSU ID _____
 Email _____ Phone Number _____
 Program _____

Title



Dissertation Defense:

Date

Passed Failed Passed With Revisions (attach revisions)

Signatures

_____	_____
Dissertation Chair	Date
_____	_____
Committee Member	Date
_____	_____
Committee Member	Date
_____	_____
Committee Member	Date
_____	_____
Committee Member	Date
_____	_____
Program Director	Date
_____	_____
Department Chair	Date
_____	_____
Graduate College Approval	Date