

Dissertation Defense Report Form

The original Dissertation Defense Report Form must be submitted to The Graduate College no later than ten (10) days before the date of anticipated graduation. Please see The Graduate College website for specific paperwork deadlines.

Student Name: _____	Texas State ID: _____
Major: _____	Degree (check one): <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed. D.
Student Signature: _____	Date: _____

Date of Defense: _____	Date of Report: _____
Results of Dissertation Defense: <input type="checkbox"/> Pass <input type="checkbox"/> Pass with Revisions <input type="checkbox"/> Fail	
The student has completed the required number of dissertation hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	

By signing this form, the committee members affirm the result of the dissertation defense:

Printed Name of Committee Member	Department	Signature	Date
_____	_____	_____	_____
Dissertation Committee Chair/Co-Chair			
_____	_____	_____	_____
Co-Chair (if applicable)			
_____	_____	_____	_____
_____	_____	_____	_____

Signatures below indicate the departmental approval of the above recommendation:

Printed Name	Signature	Date
_____	_____	_____
Doctoral Program Director		
_____	_____	_____
Department Chair		