

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