



THESIS/DISSERTATION ORAL EXAMINATION

THESIS

DISSERTATION

Name of Candidate: _____ Date: _____

Area of Specialization: _____

Title of Thesis: _____

Name of the Thesis Committee Chairperson: _____

Note: The thesis committee members to be polled by the committee chairman after the oral examination

Has the candidate (Circle One)

(1) Effectively presented the objectives, techniques, and findings of the thesis/dissertation? Yes No

(2) Shown adequate depth of knowledge of the results and implications of the thesis/dissertation? Yes No

(3) Shown adequate depth of knowledge in the field of study in relationship to the degree to be conferred? Yes No

(4) Shown adequate awareness of the professional setting to the thesis/dissertation defense? Yes No

The examining committee recommends that the oral thesis examination on the thesis/dissertation to be

(circle one) APPROVED or REJECTED

(Name)

(Signature)

(Name)

(Signature)

(Name)

(Signature)

(Name)

(Signature)

(Name)

(Signature)