



THESIS/DISSERTATION ORAL DEFENSE FORM

This Part 1 form is to be completed during the oral defense and submitted to the Graduate College TJ-0.129 Tw (o)Tj -0.0

Number of Pass votes: \_\_\_\_\_ Number of FAIL votes: \_\_\_\_\_

Specify changes and other requirements that must be completed and the committee member(s) who will verify that all specified requirements have been met (attach Word document, if necessary/desired)

By checking this box I verify I have electronically signed and approve this document.

Committee D u Signature