



Thesis Defense Outcome

Name _____ KSU ID _____

Email _____ Phone Number _____

Program _____

Title

Thesis Defense:

Date

Passed Failed Passed With Revisions (attach revisions)

Signatures

Thesis/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