

Dissertation Defense Results Form

Student Name: _____

Date of Defense: _____ UWG ID Number: _____

Dissertation Chair Name: _____

Committee Member Name: _____

Committee Member Name: _____

Dissertation Title: _____

The committee for the student named above conducted a final oral defense of the doctoral dissertation has determined that the student's performance be considered as follows:

Passed. The committee recommends that the doctoral degree be awarded upon submission of the dissertation in acceptable final format.

Passed with revisions. The committee recommends that the doctoral degree be awarded upon the completion of the recommended revisions to the dissertation and in acceptable final format.

Not Passed. The committee recommends that the student, following consultation and with the consent of his/her advisor, be allowed to repeat the final oral defense.

By signing this form, all members affirm the study is original work completed by the student; all UWG Formatting Guidelines will be followed before submitting to ProQuest; and the dissertation defense assessment is completed by the chair.

Dissertation Chair Signature: _____

Committee Member Signature: _____

Committee Member Signature: _____

Student Signature: _____

Program Director Signature: _____