Dissertation defense outcome form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall.
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: _____ Location: _____ Time: _____

Student / Candidate's Name: _____

Title of Dissertation: _____

_____

_____

OUTCOME: _____ DISSERTATION DEFENSE PASSED

_____ DISSERTATION DEFENSE PASSED WITH MINOR REVISIONS*

_____ DISSERTATION DEFENSE PASSED WITH MODERATE REVISIONS*

_____ DISSERTATION DEFENSE FAILED AND MUST BE RESCHEDULED

*REVISIONS TO BE APPROVED BY: _____ Full committee

_____ Committee chairperson

_____ Committee member (specify) _____

Committee Chairperson (please print): _____

Signature _____ Vote: _____ Pass / _____ Pass with Revisions / _____Fail

Second Committee Member (please print): _____

Signature _____ Vote: _____ Pass / _____ Pass with Revisions / _____Fail

Third Committee Member (please print): _____

Signature _____ Vote: _____ Pass / _____ Pass with Revisions / _____Fail

Fourth Committee Member (optional) (please print): _____

Signature _____ Vote: _____ Pass / _____ Pass with Revisions / _____Fail

Fifth Committee Member (optional) (please print): _____

Signature _____ Vote: _____ Pass / _____ Pass with Revisions / _____Fail

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