



Report of the Dissertation Defense Form

(This form should be completed and filed with the Graduate School within one month of exam completion)

Candidate's name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD,etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

Date of examination: _____

The above-named candidate has been examined by the committee with the following results:

PASSED **FAILED**

Signatures of doctoral committee members

(Please sign full names legibly)

Pass Fail

Chair: _____
print & sign

Outside member: _____
print & sign

Member: _____
print & sign

Member: _____
print & sign

Member: _____
print & sign

Member: _____
print & sign

Director of graduate studies	Date	Dean of the graduate school	Date
DO NOT WRITE IN THIS BOX <i>(office use only)</i>	Continuous enrollment list number: _____		
	Date copies sent to members and director of graduate studies: _____		