



E. RESULTS OF THESIS DEFENSE

To: Dean of Graduate Studies. This is to inform you that:

(Student's Name)

(Student's I.D. Number)

(Thesis Advisor)

Passed [] — and is thereby approved for graduation for (Graduation Term)

The thesis defense on Date

Graduate Program:

Thesis Title: (attach copy of First Page of Thesis)

Members of the Committee

Please Type Name: Signature: Mentor and Chair Ex Officio

Director of Graduate Studies for the Program: Signature Date

Dean of Graduate Studies: Signature Date

DGS, please send a copy of this form, once completed, to ccoca@fisk.edu.