



## Ph.D Dissertation Defense Results

Student Name \_\_\_\_\_ ESF ID F00 \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Degree \_\_\_\_\_

Program Name \_\_\_\_\_

Dissertation Title \_\_\_\_\_

We, the undersigned, have examined the student noted above and have determined the student has

☒ successfully ☐ unsuccessfully completed the stated purposes of the dissertation defense.

Student must complete:

Comments

- ☐ No revisions  
☐ Minor revisions  
☐ Major revisions

Revisions sent to student by \_\_\_\_\_

Revised document due to committee by \_\_\_\_\_

Program Learning Outcomes:

The student has demonstrated sufficient evidence of meeting the shared program learning outcomes:

- ☐ Make an original and significant contribution to the discipline that meets the standards for publication in a peer-reviewed journal or a relevant equivalent.  
☐ Effectively communicate research findings to scholarly and practitioner audiences.

Examination Committee

Exam Chair \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Major Professor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Major Professor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Steering Committee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Steering Committee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

..... **GRADUATE SCHOOL USE ONLY** .....

Banner entry date \_\_\_\_\_