

Final Oral Defense Report

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*This completed form must be submitted to The Graduate School within 5 working days of the completion of the final Oral Defense. This form indicates that the student has successfully defended an acceptable dissertation.*

**Student Information**

**Student Name:** Enter Student’s Name **Student ID:** Enter ID Number

**Semester Entered:** Semester **Year Entered:** Year

**Program:** Enter Program **Date Advanced to Candidacy:** Enter Date

 **Complete Dissertation Title:** Complete dissertation topic

**Committee Approval**

Committee members are still required to sign the signature page to be inserted into the final dissertation manuscript that is submitted to The Graduate School. This form is to indicate that the student has successfully defended the above named dissertation.

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| **Chair** | Chair’s Name | Approval/Denial |
| **Member** | Member’s Name | Approval/Denial |
| **Member** | Member’s Name | Approval/Denial |
| **Member** | Member’s Name | Approval/Denial |
| **Member** | Member’s Name | Approval/Denial |

 **Approvals**

**Director of Doctoral Program/Dept. Chair**: Director/Chair’s Name Approval Date: Select Approval Date

**Thesis and Dissertation Coordinator**: Enter Name Approval Date: Select Approval Date

Please complete this form and direct any questions to The Graduate School (GradForms@uttyler.edu)

\*\* This form is not to be submitted by the student. \*\*