



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: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Outside member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <small>print & sign</small>	<input type="checkbox"/>	<input type="checkbox"/>

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