

## Oral Defense Report

### STUDENT'S INFORMATION

Full Student's Name: \_\_\_\_\_ QU ID: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Exact Title of Thesis/Dissertation:  
\_\_\_\_\_  
\_\_\_\_\_

### The results of the Oral Defense of this Thesis/Dissertation are reported below:

- Pass with no modifications
- Pass with minor modifications
- Pass with major modifications
- Fail

### Comments:

\_\_\_\_\_

### SIGNATURES

Title	Full Name	Signature	Date
Chair. Thesis/dissertation Committee			
Committee Member 2			
Committee Member 3			
Committee Member 4			
Committee Member / Dean's Representative			
Associate Dean of Research and Graduate Studies			

This report must be signed and sent to the Office of Graduate Studies as soon as final approval is given for the corrected thesis/dissertation.