

THESIS DEFENSE REPORT

Name: _____ Banner ID: _____

Degree: _____ Major: _____

Thesis Title: _____

Defense Date: _____

Committee Members:

Chair: _____

For Departmental Use:

Based on the performance of the student named above, members of the examining committee acted as follows:

Approved

Did not approve

Required retesting

Approved upon the following condition(s):

Committee Chair

Date

Please submit this form to the Office of Graduate Programs as soon as possible after defense. It can be scanned and emailed to the Thesis Coordinator at trt02a@acu.edu (preferred) or hand-delivered to the OGP (Hardin Admin 203).