

FAYETTEVILLE STATE UNIVERSITY

THESIS ORAL DEFENSE RESULTS

TO: Dean of School/College _____(Signature)

THRU: Department Chair _____(Signature)

THRU: Program Director _____(Signature)

FROM: Thesis Advisory Committee Chair

SUBJ: Results of Thesis Oral Defense

DATE: _____

This is to inform you of the results of the oral defense of the thesis for: _

STUDENT	PROGRAM	BANNER NUMBER	DEFENSE DATE	RESULTS

Dissertation Committee Chair Department Signature Date

Committee Member Department Signature Date

Committee Member Department Signature Date

Committee Member Department Signature Date