

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

THESIS ORAL DEFENSE RESULTS

TO: College Dean _____ (Signature)

THRU: Department Chair/Associate Dean _____ (Signature)

THRU: Graduate Coordinator/Program Director _____ (Signature)

FROM: Thesis Advisory Committee Chair

SUBJECT: Thesis Oral Defense Results

DATE: _____

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

STUDENT	PROGRAM	BANNER NUMBER	DEFENSE DATE	RESULTS

_____	_____	_____	_____
Thesis Advisory Committee Chair	Department/School	Signature	Date

_____	_____	_____	_____
Committee Member	Department/School	Signature	Date

_____	_____	_____	_____
Committee Member	Department/School	Signature	Date

_____	_____	_____	_____
Committee Member	Department/School	Signature	Date

Note: The oral defense is an academic evaluation of the thesis by the committee, and is open to the committee members, university faculty, and approved guests. During the defense, the Thesis Advisory Committee may ask the candidate questions regarding subject matter in the student’s major field. The defense must be at least four (4) weeks before graduation, and a completed Thesis Oral Defense Results Form must be sent within three (3) days of the defense to the college dean. A student may defend the thesis a maximum of two times. *Maximum credit allowed for the thesis is six (6) semester hours.*