



Master of Science Thesis Oral Defense Report

To: Dean, College of Engineering

From: Graduate Program Director, Physics

Date: _____

_____ (Name of Student) has

_____ successfully _____ unsuccessfully

completed the oral defense requirement for the Master of Science in Physics on this date.

Advisor: _____

Affiliation: _____

Signature: _____

Committee Member: _____

Affiliation: _____

Signature: _____

Committee Member: _____

Affiliation: _____

Signature: _____