M.S. Thesis Defense

Completion Form

Student Name: _____ Student number:_____

The above named candidate has PASSED FAILED

The M.S. Thesis Defense concluded on _____ according to the Committee.
Date

Signatures of Committee Members
(Please sign full names legibly) Pass Fail

_____

Chair

_____

Member

_____

Member

_____

Member

_____

Member

Submitted by: _____ _____ Department/Program:_____
Advisor Date

_____ _____
IMS Coordinating Committee Member Date