



## THESIS COMPLETION AND DEFENSE FORM

CANDIDATE NAME \_\_\_\_\_

CANDIDATE ADDRESS \_\_\_\_\_

EXACT TITLE OF THESIS \_\_\_\_\_

GENRE \_\_\_\_\_

DEFENSE DATE \_\_\_\_\_

### SIGNATURES OF EXAMINING COMMITTEE

NAME (print)	SIGNATURE	PASS	FAIL
_____ (Thesis Director)	_____	_____	_____
_____ (Reader)	_____	_____	_____
_____ (Reader)	_____	_____	_____
_____ (Outside Reader, if any)	_____	_____	_____

FINAL RESULT:                      PASS                      FAIL\*

\*Attach comments or specific conditions if student fails

\_\_\_\_\_  
NEOMFA PROGRAM DIRECTOR

\_\_\_\_\_  
CHAIR OR DEAN