

Montana Tech Results of Dissertation Defense

Student Name:	Student ID:
Ph.D. Degree Program:	
Advisor:	Department:

Date of Defense: _____

Passed

Conditional Pass*(see attached explanation)

Failed

Date of Conditional Defense: _____

Passed

Failed

Date of Final Outcome (2nd attempt): _____

Passed

Failed

Date of Final Outcome (could be the same Date of Exam): _____

The undersigned committee members stipulate that the candidate has successfully completed the dissertation defense and fulfilled that specific requirement for the Ph.D. degree.

Signatures:

Advisor:	Date:
Committee Member:	Date:
Committee Member:	Date:
Committee Member:	Date:
Committee Member:	Date:
Montana Tech Campus Director:	Date:
Dean of Graduate School:	Date:

***Any conditional pass will require a written explanation signed by the student and the advisor.**

Return this form to the Graduate School