

Results of Dissertation Defense

Student's Name

Ph.D. Degree Program

Student's ID Number

Student's Advisor (signature and date)

Advisor's Home Department/Program: _____

Date of Defense: _____

Passed: Conditional Pass: Failed:

Conditional Pass Justification (Attached):

Date of Conditional Defense: _____

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 in Materials Science.

Advisor/Committee Chair: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Montana Tech Campus Director: _____
(signature) (date)

Dean of Graduate School: _____
(signature) (date)

*Return completed form to The Grad School, MUS 211 or gradschool@mtech.edu