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RESULTS OF ORAL EXAMINATION IN DEFENSE OF THESIS/DISSERTATION

TO: The Graduate School

FROM: _____

Print Name - (Candidate's Committee Chair)

SCHOOL/DEPARTMENT: _____

DATE: _____

RE: Results of Oral Examination in Defense of Thesis Dissertation

Degree Candidate: _____ Student ID Number: _____

Degree: _____ Major: _____

Date of Examination: _____ Competency Rating: Pass Fail

Comments:

Chair's Signature: _____ Date: _____