



RESULTS OF DISSERTATION DEFENSE

IMPORTANT: Immediately after the defense, this form with signatures of committee members should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and forwarded to the Graduate School, 411 Kirkland Hall.

TO: Associate Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

(Dissertation Advisor)

Passed Failed

the dissertation defense on _____.
(Date)

Student's Major: Pharmacology Minor: N/A

Members of the Committee

Please Type Name:

Signature:

_____, Chair _____

_____, Mentor _____

_____, Ex Officio _____

Director of Graduate Studies: _____
Signature Date