

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