

THE GRADUATE SCHOOL
 Southern University and A&M College
 Baton Rouge, Louisiana

MASTER'S THESIS DEFENSE RESULTS

Please submit one copy to your department, the College/School, THE GRADUATE SCHOOL, and and to each committee member.

Name: _____ Banner ID #: _____

Department: _____ Major: _____

The undersigned find that the above-named student has

_____ Passed

_____ Not Passed

the master's thesis oral defense held on _____
 (Date)

THESIS TITLE

MASTER'S THESIS COMMITTEE

 Date
 Chair, Thesis Committee

 Date
 Member, Thesis Committee

 Date
 Member, Thesis Committee

 Date
 Outside Member, Thesis Committee (if applicable)

APPROVALS:

 Date
 Department Chair/Program Director

 Date
 Dean of the College/School

 Date
 Dean of THE GRADUATE SCHOOL