FORM 11
RESULTS OF FINAL ORAL DISSERTATION EXAMINATION

(print Student’s name) ______________ (signature) __________ (date) __________

Pass

Conditional
Summary of Condition: ____________________________________________________
__________________________________________________
__________________________________________________

Fail*

(print Committee Member’s name) __________________ (signature) __________ (date) __________

(print Committee Member’s name) __________________ (signature) __________ (date) __________

(print Committee Member’s name) __________________ (signature) __________ (date) __________

(print Committee Member’s name) __________________ (signature) __________ (date) __________

Dissertation Chair:
(print Dissertation Chair’s name) ______________ (signature) __________ (date) __________

APPROVED:
(Director, Information and Media Program) ______________ (date) __________

* In the event of a “fail” vote, a separate sheet stating the committee’s reasons should be attached.

Information and Media
304 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517)355-3410

Cc: Student
Student’s file