Results of Final Oral Dissertation Examination

Student's Name	Signature	Date

☐**Pass**

☐**Conditional**

Summary of Conditions: _____

_____

_____

☐**Fail**

In the event of a "fail" vote, a separate sheet stating the committee's reasons should be attached.

Committee Member's Name	Signature	Date

Dissertation Chair's Name	Signature	Date

Approved:

Director, I&M Program	Date

CC: Student
Student File