



GRADUATE DEFENSE FORM
Completion of written or oral examination.

Instructions: Submit this form to the Dean of Graduate Studies after the student has completed an examination.

Section A: To be completed by the Committee Chair.

Date: _____

Committee Chair Name: _____

Master's Examination: _____ ORAL _____ WRITTEN

Student Name: _____ **Student ID:** _____

This is to certify that the above student has

Passed Failed

the examination for the MASTER OF _____ degree in _____ on this date.

Section B: Approving signatures. Members of examination committee.

_____ Printed Name of Chair	_____ Signature of Chair	_____ Date
_____ Printed Name of Committee Member	_____ Signature of Committee Member	_____ Date
_____ Printed Name of Committee Member	_____ Signature of Committee Member	_____ Date
_____ Printed Name of Graduate Faculty Rep	_____ Signature of Graduate Faculty Rep	_____ Date

Submit defense form to: Graduate Studies
MB 1208
4901 East University Odessa, TX
79762

Phone: 432-552-2530
Fax: 432-552-3530
Email: gradstudies@utpb.edu