

**Texas State University-San Marcos
Graduate College**

Dissertation Defense Report

Student's Name: _____

Student ID: _____

Date of Examination: _____

Date of Report: _____

Major: _____

Examination: Oral defense of the dissertation.

(Circle One) Pass

Provisional Pass (See attachment signed by student)

Fail (See attachment)

Dissertation Committee Members:

(Please print names and departments)

Signatures

Date

Committee Chair / Dissertation Advisor

Committee Co-Chair / Dissertation Co-Advisor (IF APPLICABLE)

Ph.D. Program Director

Department Chair

The original of this report must be submitted to the Office of the Graduate College no later than ten days before the date of anticipated graduation.