



Masters Thesis/Project Defense Form

Name _____
FIRST LAST

uNID# _____ Current Date _____

Thesis

Non-Thesis

Thesis/Project Defense Date _____

Thesis/Project Title _____

Passed:

Passed with Revision:

Failed:

Approved By:

Committee Chair

PRINTED NAME

SIGNATURE

DATE

Committee Members

PRINTED NAME

SIGNATURE

DATE

PRINTED NAME

SIGNATURE

DATE

PLEASE NOTE: All graduate students should make sure that everything has been recorded in their Electronic Graduate Record File. You can view your Electronic Graduate Record File by logging into the Campus Information Systems (<http://cis.utah.edu>) and clicking on Graduate Student Summary under the Graduate Students section.

**This form must be completed in full and signed by all parties.
Please return to the MSE Academic Advisor in 304 CME.**

Date Entered into CIS _____