Honors Thesis Defense

Candidate Name:

Defense Date:

Thesis Title:

Outcome:

A-C	**Successful Defense**	**one negative vote**
R	**Reschedule Defense**	**two negative votes**
U	**Unsuccessful Defense**	**three negative votes**

Examining Committee:

Signature of Honors Research Advisor

Full Name (Typed or Printed)

Department Name

Signature of Honors Committee Member

Full Name (Typed or Printed)

Department Name

Signature of Honors Committee Member

Full Name (Typed or Printed)

Department Name