Report of the Dissertation Defense Form

(This form should be completed and filed with the Graduate School within one month of exam completion)

Candidate's name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD,etc.):_____

Academic program: _____ Major:_____

Program Address:_____ Emphasis area:_____
(If applicable)

Date of examination: _____

The above-named candidate has been examined by the committee with the following results: ☐ PASSED ☐ FAILED

Signatures of doctoral committee members

(Please sign full names legibly)

	Pass	Fail
Chair:_____ *print & sign*	☐	☐
Outside member:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐
Member:_____ *print & sign*	☐	☐

_____ _____
Director of graduate studies Date Dean of the graduate school Date

DO NOT WRITE IN THIS BOX (office use only)

Continuous enrollment list number: _____

Date copies sent to members and director of graduate studies: _____