



Dissertation Defense Outcome Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall.
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: _____ Location: _____ Time: _____

Student / Candidate's Name: _____

Title of Dissertation: _____

- OUTCOME:** DISSERTATION DEFENSE PASSED
 DISSERTATION DEFENSE PASSED WITH MINOR REVISIONS*
 DISSERTATION DEFENSE PASSED WITH MODERATE REVISIONS*
 DISSERTATION DEFENSE FAILED AND MUST BE RESCHEDULED

- *REVISIONS TO BE APPROVED BY:** Full committee
 Committee chairperson
 Committee member(s) (specify) _____

Committee Chairperson (please print): _____

Signature _____ Vote: Pass / Pass with Revisions / Fail

Second Committee Member (please print): _____

Signature _____ Vote: Pass / Pass with Revisions / Fail

Third Committee Member (please print): _____

Signature _____ Vote: Pass / Pass with Revisions / Fail

Fourth Committee Member (optional) (please print): _____

Signature _____ Vote: Pass / Pass with Revisions / Fail

Fifth Committee Member (optional) (please print): _____

Signature _____ Vote: Pass / Pass with Revisions / Fail