



## Dissertation Defense Outcome

Student Name:

KSU ID#:

KSU Email:

Degree Program:

**Dissertation Title:**

---

### Dissertation Defense:

Date:	Passed	Failed	Passed with Revisions (attach)
-------	--------	--------	--------------------------------

---

### Signatures:

Dissertation Chair	Date
--------------------	------

Committee Member	Date
------------------	------

Committee Member	Date
------------------	------

Committee Member	Date
------------------	------

Committee Member	Date
------------------	------

Program Coordinator or Department Chair	Date
---	------

Graduate College Approval	Date
---------------------------	------