KENNESAW STATE UNIVERSITY
THE GRADUATE COLLEGE

Thesis Defense Outcome

Name _____ KSU ID _____

Email _____ Phone Number _____

Program _____

Title

Thesis Defense: Date

☐ Passed ☐ Failed ☐ Passed With Revisions (attach revisions)

Signatures

_____ _____
Thesis/Dissertation Chair Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

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Committee Member Date

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Committee Member Date

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Program Director Date

_____ _____
Department Chair Date

_____ _____
Graduate College Approval Date

Updated 8/24/20