



The University of North Carolina at Charlotte

THE GRADUATE SCHOOL

Dissertation Defense Report For Doctoral Candidates

Name (as it appears in your student records): _____

Student ID #: _____ Date: _____

Program Of Study: _____

Dissertation Defense: _____

Passed: _____ Failed: _____ Date: _____

Re-examination: _____

Passed: _____ Failed: _____ Date: _____

Committee Signatures: _____

Chair

Member

Member

Graduate Faculty Representative

Graduate Coordinator Signature: _____

Dean of the Graduate School Signature: _____