

**THESIS COMPLETION AND DEFENSE FORM**

CANDIDATE NAME:

CANDIDATE ADDRESS:

EXACT TITLE OF THESIS:

GENRE:

DEFENSE DATE:

**SIGNATURES OF EXAMINING COMMITTEE**

NAME (print)	SIGNATURE	PASS	FAIL
(Thesis Director)	_____	_____	_____
(Reader)	_____	_____	_____
(Reader)	_____	_____	_____
(Outside Reader, if any)	_____	_____	_____

**FINAL RESULT:**       **PASS**       **FAIL\***

\*Attach comments or specific conditions if student fails.

\_\_\_\_\_  
 NEOMFA PROGRAM DIRECTOR

\_\_\_\_\_  
 CHAIR OR DEAN