



# Report of the Dissertation Defense Form

*(This form should be completed and filed with the Graduate School within one month of exam completion)*

Candidate's name: \_\_\_\_\_  
*( Last Name, First Name )*

Mizzou ID number: \_\_\_\_\_ Degree (i.e PhD, EdD,etc.): \_\_\_\_\_

Academic program: \_\_\_\_\_ Major: \_\_\_\_\_

Program Address: \_\_\_\_\_ Emphasis area: \_\_\_\_\_  
*(If applicable)*

Date of examination: \_\_\_\_\_

The above-named candidate has been examined by the committee with the following results:

PASSED       FAILED

## Signatures of doctoral committee members

*(Please sign full names legibly)*

Pass      Fail

Chair: \_\_\_\_\_  
*print & sign*

    

Outside member: \_\_\_\_\_  
*print & sign*

    

Member: \_\_\_\_\_  
*print & sign*

    

Member: \_\_\_\_\_  
*print & sign*

    

Member: \_\_\_\_\_  
*print & sign*

    

Member: \_\_\_\_\_  
*print & sign*

    

\_\_\_\_\_  
 Director of graduate studies

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean of the graduate school

\_\_\_\_\_  
 Date

**DO NOT  
 WRITE IN  
 THIS BOX  
 (office use only)**

Continuous enrollment list number: \_\_\_\_\_

Date copies sent to members and director of graduate studies: \_\_\_\_\_